

Exhibit 1

SJPMC

St. Joseph Regional Medical Center

Mishawaka, IN 46545-

A Member of Trinity Health

Livonia, Michigan

Patient Name: **HUFFMAN, JEREMY SCOTT**

MRN: (RMC)-000540526

Date of Birth: 8/6/1985

Admit Date: 3/18/2013

Discharge Date: 3/18/2013

Account Number: 010352871-3077

Patient Type: Emergency

Attending: Annis MD ,Christy

Face Sheet

*** Clinical Documentation Content on Following Page ***

* Auth (Verified) *

SJRMC5215 HOLY CROSS PARK
MISHAWAKA, IN 46545**SAINT JOSEPH**

Regional Medical Center

125 Years of Faith-Based Healthcare in Michigan

Patient Type: EM EM EMERGENCY ROOM

Print Date: 03/18/2013 Time: 18:21

Reg Ini: KCR

Patient Acct.# / FIN:	Financial Class:	Admit Date/Time:	Location/Room/Bed:	MR#:
010352871-3077	ST SELF PAY TRAD	03/18/2013 18:21	ERM ED-SJRMC	000540526

Patient Name/Addr/Phone:
HUFFMAN, JEREMY SCOTT
125 DAVID ST
SOUTH BEND, IN 46637-3411
Hm#: 574-575-7454 Alt#:
Race: W WHITE Ethnicity: NHO NOT HISPAN/LAT
Language: ENG ENGLISH
Rlg: CATHOLIC
Congregation: NONE
Pt Employer/Addr/Phone:
UNEMPLOYED

Age: 27Y
Sex: M
DOB: 08/06/1985
SS#: XXX-XX-2648

Nearest Relative:

Emergency Contact:

Hm#:
Wk#:
Ext:
Rel:

Hm#:
Wk#:
Ext:
Rel:

Guarantor Name/Addr/Phone:
HUFFMAN, JEREMY SCOTT
125 DAVID ST

DOB: 08/06/1985
CPI#: 010352871
SS#: XXX-XX-2648

SOUTH BEND, IN 46637-3411

Hm#: 574-575-7454

Status:

Rel: SELF

NOT EMPLOYED

Guar Employer/Addr:

UNEMPLOYED

Ph#: 000-000-0000

Ext: 000000

000-000-0000 Ext: 000000 Status: NOT EMPLOYED

Acc Type: NON-ACCIDENT

Acc State: Acc Place:

Acc Date/Time:

Nature:

Police Notified By:

Brought In By: NO AMBULANCE

Information Given By:

Adm/Reg Type: EMERGENCY

Adm/Reg Source: NON HEALTH CARE FAC

Referring Inst:

Mode of Arrival: WALKED

Chief Complaint:

PAIN AND SWELLING IN LEFT ARM

Admitting Dx:

Physicians:

ID: Phone:

Atn: PHYSICIAN, EMERGENCY

066661 000-000-0000

Adm:

Pcp: PHYSICIAN, NO PCP

099992 000-000-0000

Ref:

HIPAA/ACK Consent/Date:

Obj:

MSP:

Bypass:

Pt Class:

Rest:

Insurance #1:

Cont#:

Grp Name:

Auth#:

Rel:

Ins Name:

Grp#:

Eff Dates:

Ph#:

Ext:

Insurance #2:

Cont#:

Grp Name:

Auth#:

Rel:

Ins Name:

Grp#:

Eff Dates:

Ph#:

Ext:

Insurance #3:

Cont#:

Grp Name:

Auth#:

Rel:

Ins Name:

Grp#:

Eff Dates:

Ph#:

Ext:

Insurance #4:

Cont#:

Grp Name:

Auth#:

Rel:

Ins Name:

Grp#:

Eff Dates:

Ph#:

Ext:

Comments:

CPI:

Visit:

INS:

Critical Alert 1:

Critical Alert 2:

Critical Alert 3:

DOWNTIME #:

Disposition:

Prior Adm:

Prior Reg: 08/02/2011

Date: ____ / ____ /20 ____

Time: ____ : ____ am/pm

CHART: _____ ANALYZED _____ ABSTRACTED _____

MEDICAL RECORD
CERNER
BARCODE
LABEL



Foxtm # 9150



MR#: 000540526



Pat Acct.#/FIN: 010352871-3077

QUICK REGISTRATION

ERTR

Printer: PMED By: KCR

* Auth (Verified) *

Regional Medical Center
125 Years of Faith Based Healthcare in Michigan

SJRM

5215 HOLY CROSS PARK
MISHAWAKA, IN 46545

Reg Ini: RCA

Patient Type: EM EM EMERGENCY ROOM

Print Date: 03/18/2013 Time: 18:52

Patient Acct.# / FIN: 010352871-3077	Financial Class: ST SELF PAY TRAD	Admit Date/Time: 03/18/2013 18:21	Location/Room/Bed: ERM ED-SJRM	MR#: 000540526
Patient Name/Addr/Phone: HUFFMAN, JEREMY SCOTT 125 DAVID ST SOUTH BEND, IN 46637-3411 Hm#: 574-575-7454 Alt#: Mar Status: S Race: W WHITE Ethnicity: NHO NOT HISPAN/LAT Language: ENG ENGLISH Rlg: CATHOLIC Congregation: NONE Pt Employer/Addr/Phone: UNEMPLOYED UNEM		Age: 27Y Sex: M DOB: 08/06/1985 SS#: XXX-XX-2648	Nearest Relative: Hm#: Wk#: Ext: Rel:	Emergency Contact: Hm#: Wk#: Ext: Rel:
000-000-0000 Ext: 000000 Status: NOT EMPLOYED		Guarantor Name/Addr/Phone: HUFFMAN, JEREMY SCOTT 125 DAVID ST SOUTH BEND, IN 46637-3411 Hm#: 574-575-7454 Status: Rel: SELF NOT EMPLOYED Guar Employer/Addr: UNEMPLOYED Ph#: 000-000-0000 Ext: 000000		
Acc Type: NON-ACCIDENT Acc State: Acc Place: Acc Date/Time: Nature: Police Notified By: Brought In By: NO AMBULANCE Information Given By:		Physicians: ID: Phone: Atn: ANNIS, CHRISTY 005215 574-335-1110 Adm: Pcp: PHYSICIAN, NO PCP 099992 000-000-0000 Ref: ANNIS, CHRISTY 005215 574-335-1110 HIPAA/ACK Consent/Date: Y 03/18/2013 Obj: MSP: Bypass: Pt Class: PS Rest:		
Adm/Reg Type: EMERGENCY Adm/Reg Source: NON HEALTH CARE FAC Referring Inst: Mode of Arrival: WALKED Chief Complaint: PAIN AND SWELLING IN LEFT ARM Admitting Dx:				

Insurance #1: Cont#: Grp Name: Auth#:	Rel:	Ins Name: Grp#: Eff Dates: Ph#: Ext:
Insurance #2: Cont#: Grp Name: Auth#:	Rel:	Ins Name: Grp#: Eff Dates: Ph#: Ext:
Insurance #3: Cont#: Grp Name: Auth#:	Rel:	Ins Name: Grp#: Eff Dates: Ph#: Ext:
Insurance #4: Cont#: Grp Name: Auth#:	Rel:	Ins Name: Grp#: Eff Dates: Ph#: Ext:

Comments: CPI: Visit: ER VISIT INS: Critical Alert 1: Critical Alert 2: Critical Alert 3: DOWNTIME #:	Disposition: Date: ____ / ____ /20 ____ Time: ____ : ____ am/pm	CHART: _____ ANALYZED _____ ABSTRACTED _____ <div style="border: 1px solid black; padding: 20px; text-align: center;"> MEDICAL RECORD CERNER BARCODE LABEL </div>
Prior Adm: Prior Reg: 08/02/2011		



Form # 9150



MR#: 000540526



Pat Acct. #/FIN: 010352871-3077

ERRG Printer: EDY By: RCA

Patient Name: **HUFFMAN, JEREMY SCOTT**
MRN: (RMC)-000540526
Date of Birth: 8/6/1985
Admit Date: 3/18/2013
Discharge Date: 3/18/2013
Account Number: 010352871-3077
Patient Type: Emergency
Attending: Annis MD ,Christy

ED Physician Note

DOCUMENT NAME:
ELECTRONICALLY SIGNED BY:

ED Physician Notes
Annis MD,Christy (3/29/2013 13:31 EDT); (3/25/2013 10:01 EDT)

Emergency Department Report

PATIENT NAME: HUFFMAN, JEREMY
ACCOUNT#: 103528713077
MED REC#: 540526
PT LOCATION: ERM
DATE: 03/18/2013
AUTHOR: Mark Lester PA
ADMIT DATE: 03/18/2013
DISCHARGE DATE: 03/18/2013
DOB: 08/06/1985

ATTENDING PHYSICIAN:
Christy Annis, MD

CHIEF COMPLAINT:
Left arm pain and swelling.

HISTORY OF PRESENT ILLNESS:

This pleasant 27-year-old male presents to the Emergency Department today with a chief complaint of left arm pain and swelling. Symptoms have been present for the last month now. The patient stated that he started with a palpation of a bump on the posterior aspect of his left arm just proximal from the elbow. The patient has a history of a humerus fracture, which required surgical fixation with plates and screws. The surgery was performed by Dr. Jeff Yergler some 5 years ago. The patient states that he was concerned with this feeling of a "bump" was one of the screws loosening. He states since then, the area has become more notably swollen and followed by a redness of the skin. He states he has lost range of motion of the elbow because of the swelling and has been somewhat painful. He states he has been splinting it. He has been working through it, he is a carpet layer. He cannot afford to take time off. He denies any fevers or chills, no fatigue, no nasal congestion or cough. No chest pain or dyspnea. No abdominal pain, nausea, vomiting, diarrhea or constipation. Has not had any rash. No headache, no dizziness.

The patient was seen at the urgent care facility approximately a week ago. X-ray was performed then, which showed no significant injury. The patient was started on Naprosyn. He believes that his arm was infected knee and he shows up today for a second opinion.

PAST MEDICAL HISTORY, SURGICAL HISTORY, SOCIAL HISTORY:
Please see supplemental Emergency Department form.

ALLERGIES:
No known drug allergies.

HOME MEDICATIONS:

Printed Date/Time: 2/20/2019 12:32 EST
Report Request ID: 228396125

ED Physician Note

Naproxen as noted above.

REVIEW OF SYSTEMS:

Positive for extremity pain and swelling. Remainder of 8-system review is negative.

PHYSICAL EXAMINATION:

GENERAL: The patient is awake, alert and oriented x4 and in no acute distress while at rest.

VITAL SIGNS: Blood pressure 155/106, pulse of 76, respirations 16, temp of 98.8 degrees Fahrenheit, oxygen saturation 100% on room air. Followup blood pressure 126/72.

HEENT: Normocephalic, atraumatic, EOMI, PERRLA. Mucous membranes are moist.

CARDIAC: Regular rate and rhythm, S1, S2, no murmurs, gallops or rubs.

PULMONARY: Clear to auscultation bilaterally without wheezes, rales or rhonchi.

ABDOMEN: Soft, nontender, positive bowel sounds. No organomegaly.

EXTREMITIES: The patient has noted swelling to the distal aspect of his left humeral area. The skin is notably taut. There is erythema of the overlying tissues. There is no area of induration or fluctuance palpable. It is warm to the touch as compared to the right upper extremity. He has noted a decrease of range of motion to approximately 30 to 40 degrees flexion of the left elbow. There is no erythema or swelling to the distal tissues. He has full grip strength to both hands bilaterally, full range of motion of the wrists bilaterally. There is no tracking of the erythema from the affected area.

NEUROLOGICALLY: The patient is awake, alert, oriented x4 without focal neuro deficits.

LABORATORIES:

Sodium 138, potassium 3.4, chloride is 103, CO2 is 29, BUN is 13, serum creatinine 0.71, serum glucose 82, calcium 9.2. Lactic acid of 0.6. White blood cell count 10.08, hemoglobin 14.3, hematocrit 43.1, platelets 325. C-reactive protein is 29.9. Sedimentation rate is 40. Blood cultures x2 are currently pending.

RADIOLOGICAL EXAMINATION:

X-ray of the left humerus and elbow notes no loosening of orthopaedic hardware.

Ultrasound of the left upper extremity negative for DVT. There is no evidence of fluid collection, just evidence of soft tissue swelling.

EMERGENCY ROOM COURSE:

The patient was seen and examined by myself and independently by Dr. Christy Annis. History and physical examination as noted above. With some concern of infection overlying the tissues of the previous orthopedic repair, labs were drawn. X-ray was performed. Ultrasound was performed as well. All as noted above. The patient presents with what appears to be a noted cellulitis of the tissues overlying the area with related swelling. No evidence of area of induration or fluctuance to be IandD'd. The patient was given a liter of normal saline as well as 1 g of ceftriaxone here in the Emergency Department. No leukocytosis noted. There is a mild elevation of sedimentation rate as well as C-reactive protein. He will be sent home on prescriptions for Keflex and Bactrim as well as Ultram for pain control. He already has a followup appointment with Dr. Akre on 03/28/2013. He is also given the contact information for the on-call family practice physician for reexamination in 1 week. He is to return here with any worsening or

SJRM

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Livonia, Michigan

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MRN: (RMC)-000540526
Date of Birth: 8/6/1985
Admit Date: 3/18/2013
Discharge Date: 3/18/2013
Account Number: 010352871-3077
Patient Type: Emergency
Attending: Annis MD ,Christy

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-1 filed 03/11/19 page 6 of 133

ED Physician Note

concerning symptoms. He agrees and verbalizes understanding with the current plan.

DISCHARGE CONDITION:
Stable.

DISCHARGE DIAGNOSIS:
Cellulitis of the left upper extremity.

eScripton document: 2280098

D: 03/20/2013
T: 03/20/2013
Doct#: 1555373/2280098 ML/jm
MT: 133/247

CC:

DOCUMENT NAME:
ELECTRONICALLY SIGNED BY:

ED Physician Notes
Annis MD,Christy (3/19/2013 01:07 EDT)

Supv Note*ED

Patient: **HUFFMAN, JEREMY SCOTT** MRN: (RMC)-000540526 FIN: 010352871-3077
Age: **27 years** Sex: **Male** DOB: **8/6/1985**
Associated Diagnoses: **None**
Author: **Annis MD, Christy**

Basic Information

Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint-Triage.
3/18/2013 18:25 EDT Chief Complaint-Triage left arm/elbow pain swelling

History of Present Illness

27 y/o male c/o left elbow pain x 1 month, and intermittent swelling over the past 2 weeks, acutely worse and accompanied by redness during the past 3 days. Pain is exacerbated by bending of the elbow. Pt performs strenuous activity while at work, building boats. Denies trauma to the left elbow. No fevers. Pt has hardware in the left elbow s/p surgery of the left elbow secondary to fracture 5 years ago. Pt seen at an Urgent Care Center PTA. Has an appointment with Ortho specialist on 03/28

Health Status

Allergies: .

Allergic Reactions (Selected)

NKA

Printed Date/Time: 2/20/2019 12:32 EST
Report Request ID: 228396125

ED Physician Note**Past Medical/ Family/ Social History****Medical history: .**Resolved

Heat stroke (86678016): Resolved.

Gunshot wound (94413013): Resolved.

Surgical history: .

Left upper arm (SNOMED CT 507687013).

Physical Examination**Vital Signs****Vital Signs/Measurements.**

3/18/2013 18:25 EDT

Temperature	98.8 Degrees F	NML
Pulse Rate	76 BPM	NML
Respiratory Rate	16 Br PM	NML
Pulse Oximetry	100 %	NML
Oxygen Delivery	Room air	
Systolic BP	155 mm Hg	HI
Diastolic BP	106 mm Hg	HI

General: Alert.**Skin:** Warm, dry, pink.**Musculoskeletal:** LUE: normal ROM at wrist and shoulder, Left shouder ROM limited to 45 deg of flexion, full extension, swelling and tenderness proximally to elbow with erythema and warmth over the dorsal part of the arm, no appreciable medial swelling or tenderness, no distal swelling, 2+ radial pulse.**Psychiatric:** Cooperative, appropriate mood & affect.**Medical Decision Making****Results review: Lab results : LAB.**

3/18/2013 19:30 EDT

3/18/2013 19:25 EDT

Blood Culture	Blood Cult	(Unauth)
Blood Culture	Blood Cult	(Unauth)
Sodium Level	138 mEq/L	
Potassium Level	3.4 mEq/L	LOW
Chloride Level	103 mEq/L	
Carbon Dioxide Level	29 mEq/L	
Anion Gap	9	
Glucose Level	82 mg/dL	
BUN	13 mg/dL	
Creatinine	0.71 mg/dL	
GFR Estimated Non African American		133.1
GFR Estimated African American		161.0
Calculated GFR	SEE NOTE	

mL/min/1.73 m2

mL/min/1.73 m2

Date of Birth: 8/6/1985

Admit Date: 3/18/2013

Discharge Date: 3/18/2013

Account Number: 010352871-3077

Patient Type: Emergency

Attending: Annis MD ,Christy

ED Physician Note

Calcium Total	9.2 mg/dL
Lactic Acid Level	0.6 mMol/L
C-Reactive Protein	29.91 mg/L HI
WBC Count	10.08 thou/mcL
Red Blood Cell Count	4.70 million/mcL
Hemoglobin	14.3 gm/dL
Hematocrit	43.1 %
MCV	91.7 FL
MCH	30.4 Picograms
MCHC	33.2 gm/dL
RDW	12.8 %
Platelet Count	325 thou/mcL
Neutrophil Absolute	6.88 thou/mcL
Lymphocyte Absolute	2.11 thou/mcL
Monocyte Absolute	0.93 thou/mcL
Eosinophil Absolute	0.13 thou/mcL
Basophil Absolute	0.03 thou/mcL
Neutrophil	68.3 %
Lymphocyte	20.9 % LOW
Monocyte	9.2 %
Eosinophil	1.3 %
Basophil	0.3 %
Sedimentation Rate	40 mm/hr HI

Notes: Doppler US did now show DVT, XRs did not show osseous abnormalities, hardware in correct position. Labs are c/w inflammatory changes. Sxs most c/w cellulitis. Swelling and erythema is proximal to elbow joint and do not feel pt has septic elbow joint. Pt is stable for d/c on Keflex, Bactrim, and Utram. Will f/u with PCP for further tx. Given dose of abx in the ED..

Addendum**Teaching-Supervisory Addendum-Brief**

I participated in the following activities of this patients care: the medical history, the physical exam, medical decision making.

I personally performed: supervision of the patient's care, the medical history, the physical exam, the medical decision making.

The case was discussed with: the physician assistant.

Evaluation and management service: I agree with the evaluation and management decisions made in this patient's care.

Results interpretation: I agree with the study interpretation in this patient's care.

Notes: I sa and evaluated the patient myself and discussed with Mark Lester, PA-C. I reviewed the PAs assessment and agree with the findings and the plan of care. I personally interacted with this patient. .

Documented by Dorota Stobierska acting as scribe for Dr. Annis

SJRM

St Joseph Regional Medical Center

Mishawaka, IN 46545-

A Member of Trinity Health

Livonia, Michigan

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MRN: (RMC) 000840526

Date of Birth: 8/6/1985

Admit Date: 3/18/2013

Discharge Date: 3/18/2013

Account Number: 010352871-3077

Patient Type: Emergency

Attending: Annis MD ,Christy

ED Physician Note

I, Dr. Annis, have reviewed the chart documented by the scribe in its entirety for accuracy and agree with its content.

10:21PM

03/18/2013

* Auth (Verified) *

Saint Joseph Regional Medical Center Emergency Department Supplemental Physician Record

Complete info not available due to: ☐ mental impairment ☐ intoxication ☐ urgency

Neg	System	Strike Negatives	Circle Positives
<input type="checkbox"/>	Constitutional	Fever Sweats Chills Weight Loss Fatigue	
<input type="checkbox"/>	Eyes	Visual changes Pain Discharge Redness	
<input type="checkbox"/>	Mouth / ENT	Earache Congestion Toothache Sore Throat	
<input type="checkbox"/>	Cardiovascular	Chest pain Orthopnea Palpitations DOE PND	
<input type="checkbox"/>	Respiratory	Cough Dyspnea Wheezing Sputum	
<input type="checkbox"/>	Gastrointestinal	Abdominal pain GI bleed N/V/D Constipation	
<input type="checkbox"/>	Genitourinary	Dysuria Urgency Frequency Menstrual Problems Vaginal Penile Discharge Bleeding	
<input type="checkbox"/>	Musculoskeletal	Extremity Joint Back Neck Pain Swelling	
<input type="checkbox"/>	Integumentary	Rash Growths Itching Breast Changes	
<input type="checkbox"/>	Neurologic	Headache Weakness Dizzy LOC Confusion Problems with: Motor Sensory Coordination Speech	
<input type="checkbox"/>	Psychiatric	Mood changes Depression Anxiety Hallucinations	
<input type="checkbox"/>	Endocrine	Temp Intolerance Polydipsia Polyuria	
<input type="checkbox"/>	Heme / Lymphatic	Bruising Bleeding Swollen Glands Lumps	
<input type="checkbox"/>	Immune / Allergic	Hives Itching Frequent Infections Seasonal Allergies	

Past Medical History: ✓ positives	Surgery
<input type="checkbox"/> No Significant Past Medical History	<input type="checkbox"/> No Surgical History
<input type="checkbox"/> Anemia	<input type="checkbox"/> G.P.
<input type="checkbox"/> Angina	<input type="checkbox"/> GERD
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Arthritis <input type="checkbox"/> RA	<input type="checkbox"/> Hepatitis: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Bowel resection
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hypertension
<input type="checkbox"/> A-Fib	<input type="checkbox"/> Inflammatory Bowel Disease
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Immunizations UTD
<input type="checkbox"/> CAD	<input type="checkbox"/> Kidney Stones
<input type="checkbox"/> Cancer:	<input type="checkbox"/> Migraines
	<input type="checkbox"/> MI
<input type="checkbox"/> CHF	<input type="checkbox"/> Otitis Media
<input type="checkbox"/> Chronic Pain:	<input type="checkbox"/> Pancreatitis
	<input type="checkbox"/> Peptic Ulcer Disease
<input type="checkbox"/> Congenital Disease	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> COPD	<input type="checkbox"/> Premature birth
<input type="checkbox"/> CVA <input type="checkbox"/> TIA	<input type="checkbox"/> Pulmonary Embolism
<input type="checkbox"/> Dementia	<input type="checkbox"/> Renal insufficiency
<input type="checkbox"/> Depression	<input type="checkbox"/> STDs
<input type="checkbox"/> Diabetes: <input type="checkbox"/> I <input type="checkbox"/> II	<input type="checkbox"/> Sickle Cell
<input type="checkbox"/> Dialysis <input type="checkbox"/> Missed?	<input type="checkbox"/> Seizures
<input type="checkbox"/> MWF <input type="checkbox"/> T Th S	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Diverticular Dz	<input type="checkbox"/> UTIs
<input type="checkbox"/> DVT	<input type="checkbox"/> Vascular Bypass
<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> V-P Shunt

① arm / elbow pain
x / most

HUFFMAN, JEREMY SCOTT

EM



010352871-3077

ADM: 03/18/2013

000540526

08/08/1985 27Y M

066681 PHYSICIAN. EMERGENCY

SOCIAL HISTORY

	No	Yes	How Much?	Quit?
Smoke	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 pp	
2nd Hand Smoke	<input type="checkbox"/>	<input type="checkbox"/>		
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/>	<input type="checkbox"/>		
Shots UTD?	<input type="checkbox"/>	<input type="checkbox"/>		

Lives	Marital Status	Activity
<input type="checkbox"/> Locally	<input type="checkbox"/> Married	<input type="checkbox"/> Work
<input type="checkbox"/> Alone	<input type="checkbox"/> Single	<input type="checkbox"/> Unemployed
<input type="checkbox"/> With Family	<input type="checkbox"/> Divorced	<input type="checkbox"/> Daycare
<input type="checkbox"/> Nursing home	<input type="checkbox"/> Widowed	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Partner	<input type="checkbox"/> Separated	<input type="checkbox"/> On disability
PCP:		<input type="checkbox"/> School
		<input type="checkbox"/> Retired

Family History

	No	Yes
CAD	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
CVA	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

ALLERGIES:
☒ NKDA

Room #

31

Dictation #

ED Attending Physician Attestations

ED physician first examination time:	ED physician disposition time:
I supervised the care provided by the non-physician practitioner.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I saw and evaluated the patient and discussed management with the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I reviewed the resident's assessment and agree with the findings and the plan of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I personally interacted with this patient.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ED Attending Physician critical care time independent of teaching & procedures exceeded:	<input type="checkbox"/> 30 min <input type="checkbox"/> 75 min
Acute Initial Fracture Care provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician splint examination after application—Neuro-vascular exam intact and splint in good position.	<input type="checkbox"/> Yes <input type="checkbox"/> No
ECG interpretation dictated by physician	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mid-level provider / House Staff signature:	Date: 3/18/13 Time: 1845
ED physician signature:	Date: 3/18/13 Time:



Diagnostic RadiologyExam Name:
XR Elbow 3+ Views LTAccession Number:
XR-13-0150100

Ordering Physician:

Exam Date/Time:
3/18/2013 19:22 EDT**Reason For Exam:**

(XR Elbow 3+ Views LT) Swelling

Report

Patient Name: HUFFMAN, JEREMY

Account #: 103528713077

Med Rec #: 540526

Date: 03/18/2013

Ordering Physician: MARK LESTER

Date of Birth : 08/06/1985

LEFT ELBOW, FOUR VIEWS, 03/18/2013:

Findings:

There are 2 buttress plates transfixing the distal humerus. By clinical history, this is in the repair of a prior gunshot wound.

There is a focal anterior angulation at the healed fracture apex. There is no residual fracture lucency and there are no bone destructive changes. The screws appear to be normally situated within the buttress plates with none of the screws apparently backed from its original position. There is dorsal soft tissue swelling, which by clinical history relates to soft tissue inflammatory change. There is no displacement of the distal humeral fat pads to suggest the presence of joint fluid within the elbow joint spaces.

IMPRESSION:

1. Healed distal humeral fracture with buttress plates in place.
2. No acute bone or joint space abnormality.
3. Nonspecific soft tissue swelling at the dorsal soft tissues of the distal upper arm consistent with inflammatory change per history.

NOTE: Examination results discussed with Mark Lester, PA, following the study.

eScription document: 2278636

D: 03/18/2013

T: 03/18/2013

Doct#: RV00180108836/2278636 MM/kh

MT: 165/402

CC:

Diagnostic Radiology

Exam Name: XR Elbow 3+ Views LT Accession Number: XR-13-0150100 Ordering Physician: Exam Date/Time: 3/18/2013 19:22 EDT

Report

***** FINAL REPORT *****

Dictated By: McCrea MD, Michael S 03/18/2013 19:25

Assigned Physician: McCrea MD, Michael S

Reviewed and Electronically Signed By: McCrea MD, Michael S 03/18/2013 22:06

Transcribed by: AKH 03/18/2013 21:43

Technologist: SEV,AO

Exam Name: XR Humerus 2+ Views LT Accession Number: XR-13-0150101 Ordering Physician: Exam Date/Time: 3/18/2013 19:22 EDT

Reason For Exam:

(XR Humerus 2+ Views LT) Swelling

Report

Patient Name: HUFFMAN, JEREMY

Account #: 103528713077

Med Rec #: 540526

Date: 03/18/2013

Ordering Physician: MARK LESTER

Date of Birth : 08/06/1985

LEFT HUMERUS, 03/18/2013:

Three views are compared to the prior study of 12/2007.

Findings:

Buttress plates are in place with interim healing of the comminuted fracture of the distal humerus. There are no acute appearing fractures or bone destructive changes. Periosteal new bone is identified near the buttress plates. There is swelling of the soft tissues at the dorsal aspect of the distal upper arm, which by clinical history relates to inflammatory change. The proximal humerus and glenohumeral joint as visualized are unremarkable.

eScription document: 2278642

D: 03/18/2013

T: 03/18/2013

Doct#: RV00180108841/2278642 MM/kh

MT: 165/402

CC:

SJRM

St Joseph Regional Medical Center

Mishawaka, IN 46545-

A Member of Trinity Health

Livonia, Michigan

Patient Name: **HUFFMAN, JEREMY SCOTT**

MRN: (RMC) 000546526

Date of Birth: 8/6/1985

Admit Date: 3/18/2013

Discharge Date: 3/18/2013

Account Number: 010352871-3077

Patient Type: Emergency

Attending: Annis MD ,Christy

Diagnostic Radiology

Exam Name:
XR Humerus 2+ Views LT

Accession Number:
XR-13-0150101

Ordering Physician:

Exam Date/Time:
3/18/2013 19:22 EDT

Report

***** FINAL REPORT *****

Dictated By: McCrea MD, Michael S 03/18/2013 19:31

Assigned Physician: McCrea MD, Michael S

Reviewed and Electronically Signed By: McCrea MD, Michael S 03/18/2013 22:06

Transcribed by: AKH 03/18/2013 21:47

Technologist: SEV,AO

Noninvasive VascularExam Name:
NV Duplex Ext Venous LTAccession Number:
NV-13-0005401

Ordering Physician:

Exam Date/Time:
3/18/2013 19:54 EDT**Reason For Exam:**

(NV Duplex Ext Venous LT) Swelling

Report

Patient Name: HUFFMAN, JEREMY

Account #: 103528713077

Med Rec #: 540526

Date: 03/18/2013

Ordering Physician: MARK LESTER

Date of Birth : 08/06/1985

GRADED COMPRESSION COLOR DOPPLER VENOUS SONOGRAM OF THE LEFT UPPER EXTREMITY, 03/18/2013:

Findings:

Antegrade blood flow is detected in the basilic, the cephalic, and the brachial as well as the axillary veins of the left upper extremity. These vessels are normally compressible. There is normal color Doppler flow detected within the subclavian and internal jugular veins on the left.

The dorsum of the arm was evaluated in the region of suspected cellulitis. No fluid collections are identified that might suggest the presence of a soft tissue abscess.

IMPRESSION:

1. No evidence of acute DVT.
2. No fluid collections identified on the dorsum of the upper arm to suggest the presence of abscess.

Note: Phoned report to Mark Lester, PA, following the study.

eScription document: 2278674

D: 03/18/2013

T: 03/18/2013

Doct#: RV00180108846/2278674 MM/ds

MT: 164/132

CC:

***** FINAL REPORT *****

Dictated By: McCrea MD, Michael S 03/18/2013 20:14

Assigned Physician: McCrea MD, Michael S

Reviewed and Electronically Signed By: McCrea MD, Michael S 03/19/2013 06:52

Transcribed by: DMS 03/18/2013 22:09

Technologist: RML

Printed Date/Time: 2/20/2019 12:32 EST

Report Request ID: 228396125

Chemistry**General Chemistry**

Procedure	Result	Reference Range	Units	Collected Date/Time	Performed Date/Time
GFR Estimated Non African American	133.1		mL/min/1.73 m2...	3/18/2013 19:25 EDT	3/18/2013 19:54 EDT
GFR Estimated African American	161.0		mL/min/1.73 m2...	3/18/2013 19:25 EDT	3/18/2013 19:54 EDT
Lactate Level	0.6 ^{R1}	[0.4-2.0]	mMol/L	3/18/2013 19:25 EDT	
Sodium Level	138 ^{R2}	[134-145]	mEq/L	3/18/2013 19:25 EDT	
Potassium Level	3.4 ^{L R2}	[3.6-5.2]	mEq/L	3/18/2013 19:25 EDT	
Chloride Level	103 ^{R2}	[96-108]	mEq/L	3/18/2013 19:25 EDT	
Carbon Dioxide Level	29 ^{R2}	[21-29]	mEq/L	3/18/2013 19:25 EDT	
Anion Gap	9 ^{R2}	[6-22]		3/18/2013 19:25 EDT	
Glucose Level	82 ^{R2}	[64-105]	mg/dL	3/18/2013 19:25 EDT	
BUN	13 ^{R2}	[8-23]	mg/dL	3/18/2013 19:25 EDT	
Creatinine	0.71 ^{R2}	[0.70-1.50]	mg/dL	3/18/2013 19:25 EDT	
Calculated GFR	SEE NOTE ^{R3}			3/18/2013 19:25 EDT	
Calcium Total	9.2 ^{R2}	[8.2-10.4]	mg/dL	3/18/2013 19:25 EDT	

Result Comments

R1: Lactate Level

SBMF - SJRMC Lab, 611 Douglas Rd, Mishawaka, IN CLIA #15D0357411

Significant lactic acidosis: Above 4.0 mEq/L

Severe lactic acidosis: Above 7.0 mEq/L

R2: Anion Gap, BUN, Calcium Total, Carbon Dioxide Level, Chloride Level, Creatinine, Glucose Level, Potassium Level, Sodium Level

SBMF - SJRMC Lab, 611 Douglas Rd, Mishawaka, IN CLIA #15D0357411

R3: Calculated GFR

SBMF - SJRMC Lab, 611 Douglas Rd, Mishawaka, IN CLIA #15D0357411

GFR > 60 mL/min/1.73 sqm

Reference Range > 60 mL/min/1.73 sqm

Estimated glomerular filtration rate (eGFR) is calculated

based on IDMS-traceable serum creatinine methods and MDRD

Study Equation.

SJRM

St Joseph Regional Medical Center

Mishawaka, IN 46545-

A Member of Trinity Health

Livonia, Michigan

Patient Name: **HUFFMAN, JEREMY SCOTT**

MRN: (RMC) 000540526

Date of Birth: 8/6/1985

Admit Date: 3/18/2013

Discharge Date: 3/18/2013

Account Number: 010352871-3077

Patient Type: Emergency

Attending: Annis MD ,Christy

Chemistry

Chemistry - Miscellaneous

Procedure	Result	Reference Range	Units	Collected Date/Time	Performed Date/Time
C-Reactive Protein	29.91 ^{H R2}	[0.00-10.00]	mg/L	3/18/2013 19:25 EDT	

Result Comments

R2: C-Reactive Protein

SBMF - SJRMC Lab, 611 Douglas Rd, Mishawaka, IN CLIA #15D0357411

Hematology**Differential**

Procedure	Result	Reference Range	Units	Collected Date/Time	Performed Date/Time
Eosinophil Absolute	0.13 ^{R1}	[0.11-0.55]	thou/mcL	3/18/2013 19:25 EDT	
Basophil Absolute	0.03 ^{R1}	[0.02-0.10]	thou/mcL	3/18/2013 19:25 EDT	

Result Comments

R1: Basophil, Basophil Absolute, Eosinophil, Eosinophil Absolute, Lymphocyte, Lymphocyte Absolute, Monocyte, Monocyte Absolute, Neutrophil, Neutrophil Absolute
SBMF - SJRMC Lab, 611 Douglas Rd, Mishawaka, IN CLIA #15D0357411

Hematology - Miscellaneous

Procedure	Result	Reference Range	Units	Collected Date/Time	Performed Date/Time
Sedimentation Rate	40 ^{H R1}	[0-15]	mm/hr	3/18/2013 19:25 EDT	

Result Comments

R1: Sedimentation Rate
SBMF - SJRMC Lab, 611 Douglas Rd, Mishawaka, IN CLIA #15D0357411

Hematology**CBC**

Procedure	Result	Reference Range	Units	Collected Date/Time	Performed Date/Time
WBC Count	10.08 ^{R1}	[4.00-11.00]	thou/mcL	3/18/2013 19:25 EDT	
Red Blood Cell Count	4.70 ^{R1}	[3.90-5.90]	million/mcL	3/18/2013 19:25 EDT	
Hemoglobin	14.3 ^{R1}	[13.0-17.3]	gm/dL	3/18/2013 19:25 EDT	
Hematocrit	43.1 ^{R1}	[39.0-53.0]	%	3/18/2013 19:25 EDT	
MCV	91.7 ^{R1}	[81.0-100.0]	FL	3/18/2013 19:25 EDT	
MCH	30.4 ^{R1}	[27.0-34.0]	Picograms	3/18/2013 19:25 EDT	
MCHC	33.2 ^{R1}	[30.0-36.0]	gm/dL	3/18/2013 19:25 EDT	
RDW	12.8 ^{R1}	[12.2-15.2]	%	3/18/2013 19:25 EDT	
Platelet Count	325 ^{R1}	[130-470]	thou/mcL	3/18/2013 19:25 EDT	

Result Comments

R1: Hematocrit, Hemoglobin, MCH, MCHC, MCV, Platelet Count, RDW, Red Blood Cell Count, WBC Count
SBMF - SJRMC Lab, 611 Douglas Rd, Mishawaka, IN CLIA #15D0357411

Differential

Procedure	Result	Reference Range	Units	Collected Date/Time	Performed Date/Time
Neutrophil	68.3 ^{R1}	[37.0-77.0]	%	3/18/2013 19:25 EDT	
Lymphocyte	20.9 ^{L R1}	[23.0-44.0]	%	3/18/2013 19:25 EDT	
Monocyte	9.2 ^{R1}	[4.0-13.0]	%	3/18/2013 19:25 EDT	
Eosinophil	1.3 ^{R1}	[1.0-6.0]	%	3/18/2013 19:25 EDT	
Basophil	0.3 ^{R1}	[0.0-1.0]	%	3/18/2013 19:25 EDT	
Neutrophil Absolute	6.88 ^{R1}	[1.67-8.47]	thou/mcL	3/18/2013 19:25 EDT	
Lymphocyte Absolute	2.11 ^{R1}	[1.03-4.84]	thou/mcL	3/18/2013 19:25 EDT	
Monocyte Absolute	0.93 ^{R1}	[0.27-0.98]	thou/mcL	3/18/2013 19:25 EDT	

Microbiology

Procedure	Result	Reference Range	Units	Collected Date/Time	Performed Date/Time
Blood Culture	See Below T1			3/18/2013 19:25 EDT	
Blood Culture	See Below T2			3/18/2013 19:30 EDT	

Textual Results

T1: 3/18/2013 19:25 EDT (Blood Culture)

Collected: 03/18/13 1925

PROCEDURE: CULTURE - BLOOD

Accession: 13-077-08575

SOURCE: BLOOD

***** FINAL REPORT *****

03/24/13 1023 CL4270

NO GROWTH AT 5 DAYS

TEST/S PERFORMED AT:

SBMF Lab, 530 N Lafayette Blvd, South Bend, IN 46601 CLIA #15D0357169

03/18/13 1925 C BLOOD HV

T2: 3/18/2013 19:30 EDT (Blood Culture)

Collected: 03/18/13 1930

PROCEDURE: CULTURE - BLOOD

Accession: 13-077-08576

SOURCE: BLOOD

***** FINAL REPORT *****

03/24/13 1023 CL4270

NO GROWTH AT 5 DAYS

TEST/S PERFORMED AT:

SBMF Lab, 530 N Lafayette Blvd, South Bend, IN 46601 CLIA #15D0357169

03/18/13 1930 C BLOOD HV

SJRM

St Joseph Regional Medical Center
Mishawaka, IN 46545-

A Member of Trinity Health
Livonia, Michigan

Patient Name: **HUFFMAN, JEREMY SCOTT**

MRN: (RMC) 010352871

Date of Birth: 8/6/1985

Admit Date: 8/29/2013

Discharge Date: 8/29/2013

Account Number: 010352871-3241

Patient Type: Emergency

Attending: Annis MD ,Christy

Face Sheet

*** Clinical Documentation Content on Following Page ***

* Auth (Verified) *

SAINT JOSEPH

Regional Medical Center

125 Years of Faith-Based Healthcare in Michigan

Reg Ini: KLD

SJRM

5215 HOLY CROSS PARK
MISHAWAKA, IN 46545

Patient Type: EM EM EMERGENCY ROOM

Print Date: 08/29/2013 Time: 20:51

Patient Acct.# / FIN:	Financial Class:	Admit Date/Time:	Location/Room/Bed:	MR#:
010352871-3241	CM COMMERCIAL OTHER M/C	08/29/2013 20:51	ERM ED-SJRM	000540526
Patient Name/Addr/Phone:		Age: 28Y	Nearest Relative:	Emergency Contact:
HUFFMAN, JEREMY SCOTT		Sex: M	MOORE, ROXANNE	KURDYS, CASSY
125 DAVID ST		DOB: 08/06/1985	Hm#: 574-234-2525	Hm#: 574-300-9528
		SS#: XXX-XX-2648	Wk#:	Wk#:
SOUTH BEND, IN 46637-3411		Mar Status: S	Ext:	Ext:
Hm#: 574-575-7454 Alt#:		Rel: FRIEND	Rel: SIGNIFICANT OTH	
Race: W WHITE Ethnicity: NHO NOT HISPAN/LAT		Guarantor Name/Addr/Phone: DOB: 08/06/1985		
Language: ENG ENGLISH		HUFFMAN, JEREMY SCOTT		
Rlg: CATHOLIC		125 DAVID ST		
Congregation: NONE		CPI#: 010352871		
Pt Employer/Addr/Phone:		SS#: XXX-XX-2648		
NAUTIC GLOBAL GROUP ENOF		SOUTH BEND, IN 46637-3411		
4500 MIDDLEBERRY ST		Hm#: 574-575-7454 Status:		
ELKHART, IN		Rel: SELF FULL TIME		
000-000-0000 Ext:		Guar Employer/Addr:		
Status: FULL TIME		NAUTIC GLOBAL GROUP Ph#: 000-000-0000		
Acc Type: NON-ACCIDENT		4500 MIDDLEBERRY ST		
Acc State: Acc Place:		ELKHART, IN		
Acc Date/Time:		Physicians: ID: Phone:		
Nature:		Atn: PHYSICIAN, EMERGENCY 066661 000-000-0000		
Police Notified By:		Adm:		
Brought In By: NO AMBULANCE		Pcp: PHYSICIAN, NO PCP 099992 000-000-0000		
Information Given By:		Ref:		
Adm/Reg Type: EMERGENCY		HIPAA/ACK Consent/Date: Y 03/18/2013 Obj:		
Adm/Reg Source: NON HEALTH CARE FAC		MSP: Bypass: Pt Class: Rest:		
Referring Inst:		Info Release Indicator: -		
Mode of Arrival: WALKED				
Chief Complaint:				
L ARM SWELLING				
Admitting Dx:				

Insurance #1: 231 UHC PPO PAR
Cont#: 14340429
Grp Name: NAUTIC GLOBAL GROUP INC
Auth#: Rel: SELF
P.O. BOX 30555 SALT LAKE CITY

Ins Name: HUFFMAN, JEREMY SCOTT 08/06/1985
Grp#: 76410766
Eff Dates: 03/01/2013 03/31/2014
Ph#: 877-842-3210 Ext:
UT841300555

Insurance #2:
Cont#:
Grp Name:
Auth#: Rel:

Ins Name:
Grp#:
Eff Dates: Ph#: Ext:

Insurance #3:
Cont#:
Grp Name:
Auth#: Rel:

Ins Name:
Grp#:
Eff Dates: Ph#: Ext:

Insurance #4:
Cont#:
Grp Name:
Auth#: Rel:

Ins Name:
Grp#:
Eff Dates: Ph#: Ext:

Comments:

CPI:

Visit:

INS:

Critical Alert 1:

Critical Alert 2:

Critical Alert 3:

DOWNTIME #:

Prior Adm:

Prior Reg: 03/18/2013



Form # 9150

Disposition:

Date: ___ / ___ /20___

Time: ___ : ___ am/pm

CHART: _____ ANALYZED _____ ABSTRACTED _____

MEDICAL RECORD
CERNER
BARCODE
LABEL

MR#: 000540526



Pat Acct. #/FIN: 010352871-3241

QUICK REGISTRATION

BTR

Printer: PMED By: KLD

* Auth (Verified) *

Regional Medical Center
125 Years of Faith Based Healthcare in Michigan

SJRM

5215 HOLY CROSS PARK
MISHAWAKA, IN 46545

Reg Ini: DWL

Patient Type: EM EM EMERGENCY ROOM

Print Date: 08/29/2013 Time: 22:16

Patient Acct.# / FIN: 010352871-3241		Financial Class: ST SELF PAY TRAD		Admit Date/Time: 08/29/2013 20:51		Location/Room/Bed: ERM ED-SJRM		MR#: 000540526	
Patient Name/Addr/Phone: HUFFMAN, JEREMY SCOTT 125 DAVID ST SOUTH BEND, IN 46637-3411 Hm#: 574-575-7454 Alt#: Mar Status: S Race: W WHITE Ethnicity: NHO NOT HISPAN/LAT Language: ENG ENGLISH Rel: CATHOLIC Congregation: NONE Pt Employer/Addr/Phone: NAUTIC GLOBAL GROUP ENOF 4500 MIDDLEBERRY ST ELKHART, IN 000-000-0000 Ext: Status: FULL TIME				Age: 28Y Sex: M DOB: 08/06/1985 SS#: XXX-XX-2648		Nearest Relative: MOORE, ROXANNE Hm#: 574-234-2525 Wk#: Ext: Rel: FRIEND		Emergency Contact: KURDYS, CASSY Hm#: 574-300-9528 Wk#: Ext: Rel: SIGNIFICANT OTH	
Acc Type: NON-ACCIDENT Acc State: Acc Place: Acc Date/Time: Nature: Police Notified By: Brought In By: NO AMBULANCE Information Given By:				Guarantor Name/Addr/Phone: HUFFMAN, JEREMY SCOTT 125 DAVID ST SOUTH BEND, IN 46637-3411 Hm#: 574-575-7454 Status: Rel: SELF FULL TIME Guar Employer/Addr: NAUTIC GLOBAL GROUP Ph#: 000-000-0000 4500 MIDDLEBERRY ST Ext: ELKHART, IN		DOB: 08/06/1985 CPI#: 010352871 SS#: XXX-XX-2648			
Adm/Reg Type: EMERGENCY Adm/Reg Source: NON HEALTH CARE FAC Referring Inst: Mode of Arrival: WALKED Chief Complaint: L ARM SWELLING Admitting Dx:				Physicians: Atn: ANNIS, CHRISTY ID: 005215 Phone: 574-335-1110 Adm: Pcp: PHYSICIAN, NO PCP 099992 000-000-0000 Ref: ANNIS, CHRISTY 005215 574-335-1110		HIPAA/ACK Consent/Date: Y 03/18/2013 Obj: MSP: Bypass: Pt Class: PS Rest: Info Release Indicator: -			

Insurance #1: Cont#: Grp Name: Auth#:	Rel:	Ins Name: Grp#: Eff Dates: Ph#: Ext:
Insurance #2: Cont#: Grp Name: Auth#:	Rel:	Ins Name: Grp#: Eff Dates: Ph#: Ext:
Insurance #3: Cont#: Grp Name: Auth#:	Rel:	Ins Name: Grp#: Eff Dates: Ph#: Ext:
Insurance #4: Cont#: Grp Name: Auth#:	Rel:	Ins Name: Grp#: Eff Dates: Ph#: Ext:

Comments:

CPI:

Visit:

INS:

Critical Alert 1:

Critical Alert 2:

Critical Alert 3:

DOWNTIME #:

Prior Adm:

Prior Reg: 03/18/2013

Disposition:

Date: ____ / ____ /20 ____

Time: ____ : ____ am/pm

CHART: _____ ANALYZED _____ ABSTRACTED _____

MEDICAL RECORD
CERNER
BARCODE
LABEL

Form # 9150



MR#: 000540526



Pat Acct.#/FIN:010352871-3241

ERRG Printer: EDB By: DWL

* Auth (Verified) *

Regional Medical Center
125 Years of Faith Based Healthcare in Michigan

SJRM

5215 HOLY CROSS PARK
MISHAWAKA, IN 46545

Reg Ini: KLD

Patient Type: EM EM EMERGENCY ROOM

Print Date: 08/29/2013 Time: 20:51

Patient Acct.# / FIN:	Financial Class:	Admit Date/Time:	Location/Room/Bed:	MR#:
010352871-3241	CM COMMERCIAL OTHER M/C	08/29/2013 20:51	ERM ED-SJRM	- 000540526
Patient Name/Addr/Phone:		Age:	Nearest Relative:	Emergency Contact:
HUFFMAN, JEREMY SCOTT		28Y	MOORE, ROXANNE	KURDYS, CASSY
125 DAVID ST		Sex: M	Hm#: 574-234-2525	Hm#: 574-300-9528
DOB: 08/06/1985		Wk#:	Ext:	Wk#:
SS#: XXX-XX-2648		Rel: FRIEND	Ext:	Rel: SIGNIFICANT OTH
SOUTH BEND, IN 46637-3411		Mar Status: S	Guarantor Name/Addr/Phone:	
Hm#: 574-575-7454 Alt#:			DOB: 08/06/1985	
Race: W WHITE Ethnicity: NHO NOT HISPAN/LAT			CPI#: 010352871	
Language: ENG ENGLISH			SS#: XXX-XX-2648	
Rlg: CATHOLIC			SOUTH BEND, IN 46637-3411	
Congregation: NONE			Hm#: 574-575-7454 Status:	
Pt Employer/Addr/Phone:			Rel: SELF FULL TIME	
NAUTIC GLOBAL GROUP ENOF			Guar Employer/Addr:	
4500 MIDDLEBERRY ST			Ph#: 000-000-0000	
ELKHART, IN			Ext:	
000-000-0000 Ext:			NAUTIC GLOBAL GROUP	
Status: FULL TIME			4500 MIDDLEBERRY ST	
Acc Type: NON-ACCIDENT			ELKHART, IN	
Acc State: Acc Place:			Physicians: ID: Phone:	
Acc Date/Time:			Atn: PHYSICIAN, EMERGENCY 066661 000-000-0000	
Nature:			Adm:	
Police Notified By:			Pcp: PHYSICIAN, NO PCP 099992 000-000-0000	
Brought In By: NO AMBULANCE			Ref:	
Information Given By:			HIPAA/ACK Consent/Date: Y 03/18/2013 Obj:	
Adm/Reg Type: EMERGENCY			MSP: Bypass: Pt Class: Rest:	
Adm/Reg Source: NON HEALTH CARE FAC			Info Release Indicator: -	
Referring Inst:				
Mode of Arrival: WALKED				
Chief Complaint:				
L ARM SWELLING				
Admitting Dx:				

Insurance #1: 231 UHC PPO PAR

Cont#: 14340429

Grp Name: NAUTIC GLOBAL GROUP INC

Auth#:

P.O. BOX 30555

SALT LAKE CITY

Rel: SELF

Ins Name: HUFFMAN, JEREMY SCOTT

08/06/1985

Grp#: 76410766

Eff Dates: 03/01/2013 03/31/2014

Ph#: 877-842-3210 Ext:

UT841300555

Insurance #2:

Cont#:

Grp Name:

Auth#:

Rel:

Ins Name:

Grp#:

Eff Dates:

Ph#:

Ext:

Insurance #3:

Cont#:

Grp Name:

Auth#:

Rel:

Ins Name:

Grp#:

Eff Dates:

Ph#:

Ext:

Insurance #4:

Cont#:

Grp Name:

Auth#:

Rel:

Ins Name:

Grp#:

Eff Dates:

Ph#:

Ext:

Comments:

CPI:

Visit:

INS:

Critical Alert 1:

Critical Alert 2:

Critical Alert 3:

DOWNTIME #:

Prior Adm:

Prior Reg: 03/18/2013

Disposition:

Date: ____ / ____ /20 ____

Time: ____ : ____ am/pm

CHART: _____ ANALYZED _____ ABSTRACTED _____

MEDICAL RECORD
CERNER
BARCODE
LABEL

Form # 9150



MR#: 000540526



Pat Acct. #/FIN: 010352871-3241

QUICK REGISTRATION

ENTR

Printer: PMED By: KLD

ED Physician Note

DOCUMENT NAME:

ED Physician Notes

ELECTRONICALLY SIGNED BY:

Annis MD,Christy (9/10/2013 03:37 EDT)

LUE pain *EDPatient: **HUFFMAN, JEREMY SCOTT**

MRN: (RMC)-000540526

FIN: 010352871-3241

Age: **28 years** Sex: **Male** DOB: **8/6/1985**Associated Diagnoses: **None**Author: **Annis MD, Christy****Basic Information****Time seen:** Date & time 08/29/2013 22:32:00.**History source:** Patient.**Arrival mode:** Private vehicle.**History limitation:** None.**Additional information:** Chief Complaint from Nursing Triage Note : Chief Complaint-Triage.

8/29/2013 21:11 EDT Chief Complaint-Triage pain/swelling arm

History of Present Illness

A 28 y/o male presents in the ED with LUE pain and swelling. Associated shoulder pain and decreased ROM of left elbow. No fever, chills, N/V, numbness, or tingling have been present. He denies any recent trauma. The pt was seen for the sam sxs last March, after which he didn't follow-up with ortho. He feels as though the abx prescribed at that time helped. The pt is right-hand dominant.

Review of Systems**Constitutional symptoms:** No fever, no chills.**Cardiovascular symptoms:** Chest pain.**Gastrointestinal symptoms:** No nausea, no vomiting.**Musculoskeletal symptoms:** Reports: Left, upper arm, shoulder, pain, swelling, decreased range of motion.**Neurologic symptoms:** No numbness, no tingling.**Health Status****Allergies:** .Allergic Reactions (Selected)

NKA

Medications: Medication in ED summary reviewed..**Past Medical/ Family/ Social History****Medical history**

Reviewed as documented in chart.

Surgical history: Reviewed as documented in chart.**Family history:** Reviewed as documented in chart.

ED Physician Note

Social history: Reviewed as documented in chart, Alcohol use: Denies, Tobacco use: Denies.

Physical Examination**Vital Signs****Vital Signs/Measurements.**

8/29/2013 21:11 EDT

Temperature

97.8 Degrees F NML

Pulse Rate

66 BPM NML

Respiratory Rate**20 Br PM HI**

Pulse Oximetry

98 % NML

Systolic BP

125 mm Hg NML

Diastolic BP

79 mm Hg NML

General: Alert, no acute distress.

Skin: multiple tattoos.

Head: Normocephalic, atraumatic.

Ears, nose, mouth and throat: Oral mucosa moist.

Cardiovascular: Arterial pulses: Left, radial (and brachial), normal.

Respiratory: Respirations are non-labored.

Musculoskeletal: Nml ROM of the left shoulder, elbow, and wrist, superior to left elbow at distal humerus there is mild swelling, faint erythema, and warmth laterally in a 5cm x 4 cm area , Proximal upper extremity: Left, arm, swelling, warmth , no erythema.

Neurological: No focal neurological deficit observed, normal sensory observed.

Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making

Documents reviewed: Emergency department nurses' notes.

Notes: I saw this pt i March, 2013 for the same sx's. At this time a duplex US, labs, and XR were done. Since there has been no new trauma and the pt presents with the same sx's, and at that time there was no DVT, repeat studies will not be repeated. He will be discharged home with Bactrim and Naproxen. .

Reexamination/ Reevaluation

Time: 08/29/2013 22:36:00 .

Notes: I explained that the pt is at risk for recurrent infections due to his hx. He will be placed on abd. He request Naproxen for his pain. He will also be prescribe Bactrim..

Impression and Plan**Diagnosis**

Cellulitis (ICD9 682.9, Discharge, Medical)

Calls-Consults**Plan**

Condition: Stable.

ED Physician Note

Disposition: Medically cleared, Discharged: Time 08/29/2013 23:01:00, to home.

Prescriptions: Rx-08/29/13-sulfamethoxazole-trimethoprim(Bactrim DS 800 mg-160 mg oral tablet) 1 Tab,
By Mouth, Twice a day, x 7 Day(s) 14,, Tab(s)

Rx-08/29/13-cephalexin(cephalexin hydrochloride 500 mg oral tablet) 500 mg = 1 Tab, By Mouth, 4
Times/Day, x 7 Day(s) 28,, Tab(s)

Rx-08/29/13-naproxen(naproxen 500 mg oral tablet) 500 mg = 1 Tab, By Mouth, Twice a day, PRN 30,,
Tab(s).

Patient was given the following educational materials: Cellulitis.

Follow up with: Return to Emergency Department Within Follow-up as needed for worsening redness,
swelling, high fever or for new concerns.

Counseled: Patient, Regarding diagnosis, Regarding treatment plan, Regarding prescription, Patient
indicated understanding of instructions.

Documented by Wesley Kendle acting as scribe for Dr. Annis.

I, Dr.Annis, have reviewed the chart documented by the scribe in its entirety for accuracy and agree with its
content.

8/29/2013
2306

SJRM

St Joseph Regional Medical Center

Mishawaka, IN 46545-

A Member of Trinity Health

Livonia, Michigan

Patient Name: **HUFFMAN, JEREMY SCOTT**

MRN: (RMC) 000540526

Date of Birth: 8/6/1985

Admit Date: 1/1/2016

Discharge Date: 1/1/2016

Account Number: 010352871-6001

Patient Type: Emergency

Attending: Eder MD ,Stephen C

Face Sheet

***** Clinical Documentation Content on Following Page *****

* Auth (Verified) *

SAINT JOSEPH

Regional Medical Center

125 Years of Faith-Based Healthcare in Michigan

Reg Ini: DLK

SJRM

5215 HOLY CROSS PARK
MISHAWAKA, IN 46545

Patient Type: EM EM EMERGENCY ROOM

Print Date: 01/01/2016 Time: 18:49

Patient Acct.# / FIN:	Financial Class:	Admit Date/Time:	Location/Room/Bed:	MR#:
010352871-6001	ST SELF PAY TRAD	01/01/2016 18:49	ERM ED-SJRM	000540526
Patient Name/Addr/Phone:		Age:	Nearest Relative:	Emergency Contact:
HUFFMAN, JEREMY SCOTT		30Y		
4815 BELLEVILLE CIR		Sex: M		
APT 3		DOB: 08/06/1985	Hm#:	Hm#:
SOUTH BEND, IN 46619-9243		SS#: XXX-XX-2648	Wk#:	Wk#:
Hm#: 574-520-0161 Alt#:		Mar Status: S	Ext:	Ext:
Race: W WHITE Ethnicity: NHO NOT HISPAN/LAT			Rel:	Rel:
Language: ENG ENGLISH			Guarantor Name/Addr/Phone: DOB: 08/06/1985	
Rel: CATHOLIC			HUFFMAN, JEREMY SCOTT	
Congregation: NONE			4815 BELLEVILLE CIR	
Pt Employer/Addr/Phone:			APT 3	
UNEMPLOYED			SOUTH BEND, IN 46619-9243	
UNEM			Hm#: 574-520-0161 Status:	
000-000-0000 Ext:			Rel: SELF NOT EMPLOYED	
Status: NOT EMPLOYED			Guar Employer/Addr:	
Acc Type: NON-ACCIDENT			UNEMPLOYED	
Acc State: Acc Place:			Ph#: 000-000-0000	
Acc Date/Time:			Ext:	
Nature:			Physicians: ID: Phone:	
Police Notified By:			Aln: PHYSICIAN, EMERGENCY 066661 000-000-0000	
Brought In By: NO AMBULANCE			Adm:	
Information Given By:			Pop: PHYSICIAN, NO PCP 099992 000-000-0000	
Adm/Reg Type: EMERGENCY			Ref:	
Adm/Reg Source: NON HEALTH CARE FAC			HIPAA/ACK Consent/Date: Obj:	
Referring Inst:			MSP: Bypass: Pt Class: Rest:	
Mode of Arrival: WALKED			Info Release Indicator: -	
Chief Complaint:				
LEFT ELBOW PAIN				
Admitting Dx:				

Insurance #1:	Ins Name:
Cont#:	Grp#:
Grp Name:	Eff Dates:
Auth#:	Ph#: Ext:
97	
Insurance #2:	Ins Name:
Cont#:	Grp#:
Grp Name:	Eff Dates:
Auth#:	Ph#: Ext:
100%	
983	
Insurance #3:	Ins Name:
Cont#:	Grp#:
Grp Name:	Eff Dates:
Auth#:	Ph#: Ext:
75.2 K8	
180.34 cm	
146/180	
Insurance #4:	Ins Name:
Cont#:	Grp#:
Grp Name:	Eff Dates:
Auth#:	Ph#: Ext:

Comments:	CHART: _____ ANALYZED _____ ABSTRACTED _____
CPI:	
Visit:	
INS:	
Critical Alert 1:	
Critical Alert 2:	
Critical Alert 3:	
DOWNTIME #:	
Prior Adm:	Disposition:
Prior Reg: 08/29/2013	Date: ____ / ____ /20 ____
	Time: ____ : ____ am/pm



Form # 9130



MR#: 000540526



Pat Acct.#/FIN: 010352871-6001

MEDICAL RECORD
CERNER
BARCODE
LABEL

QUICK REGISTRATION

ERTN

Printer: PMED By: DLK

* Auth (Verified) *

Regional Medical Center
125 Years of Faith-Based Healthcare in Michigan

Reg Ini: DLK

SJRM

5215 HOLY CROSS PARK
MISHAWAKA, IN 46545

Patient Type: EM EM EMERGENCY ROOM

Print Date: 01/01/2016 Time: 18:49

Patient Acct.# / FIN:	Financial Class:	Admit Date/Time:	Location/Room/Bed:	MR#:
010352871-6001	ST SELF PAY TRAD	01/01/2016 18:49	ERM ED-SJRM	- 000540526
Patient Name/Addr/Phone:		Age:	Nearest Relative:	Emergency Contact:
HUFFMAN, JEREMY SCOTT		30Y		
4815 BELLEVILLE CIR		Sex: M		
APT 3		DOB: 08/06/1985	Hm#:	Hm#:
SOUTH BEND, IN 46619-9243		SS#: XXX-XX-2648	Wk#:	Wk#:
Hm#: 574-520-0161 Alt#:		Mar Status: S	Ext:	Ext:
Race: W WHITE Ethnicity: NHO NOT HISPAN/LAT			Rel:	Rel:
Language: ENG ENGLISH			Guarantor Name/Addr/Phone: DOB: 08/06/1985	
Rel: CATHOLIC			HUFFMAN, JEREMY SCOTT	
Congregation: NONE			4815 BELLEVILLE CIR	
Pt Employer/Addr/Phone:			APT 3	
UNEMPLOYED			SOUTH BEND, IN 46619-9243	
			Hm#: 574-520-0161 Status:	
			Rel: SELF NOT EMPLOYED	
			Guar Employer/Addr:	
			UNEMPLOYED	
			Ph#: 000-000-0000	
			Ext:	
000-000-0000 Ext:		Status: NOT EMPLOYED		
Acc Type: NON-ACCIDENT				
Acc State: Acc Place:				
Acc Date/Time:				
Nature:				
Police Notified By:				
Brought In By: NO AMBULANCE				
Information Given By:				
Adm/Reg Type: EMERGENCY				
Adm/Reg Source: NON HEALTH CARE FAC				
Referring Inst:				
Mode of Arrival: WALKED				
Chief Complaint:				
LEFT ELBOW PAIN				
Admitting Dx:				
Insurance #1:		Ins Name:		
Cont#:		Grp#:		
Grp Name:		Eff Dates:		
Auth#:		Rel:	Ph#:	Ext:
Insurance #2:		Ins Name:		
Cont#:		Grp#:		
Grp Name:		Eff Dates:		
Auth#:		Rel:	Ph#:	Ext:
Insurance #3:		Ins Name:		
Cont#:		Grp#:		
Grp Name:		Eff Dates:		
Auth#:		Rel:	Ph#:	Ext:
Insurance #4:		Ins Name:		
Cont#:		Grp#:		
Grp Name:		Eff Dates:		
Auth#:		Rel:	Ph#:	Ext:
Comments:		CHART: _____ ANALYZED _____ ABSTRACTED _____		
CPI:				
Visit:				
INS:				
Critical Alert 1:				
Critical Alert 2:				
Critical Alert 3:				
DOWNTIME #:				
Disposition:				
Prior Adm:				
Prior Reg: 08/29/2013				
Date: ____ / ____ /20 ____				
Time: ____ : ____ am/pm				



Form # 9150



MR#: 000540526



Pat Acct.#/FIN:010352871-6001

MEDICAL RECORD
CERNER
BARCODE
LABEL

QUICK REGISTRATION

ERTR

Printer: PMED By: DLK

* Auth (Verified) *

Regional Medical Center
125 Years of Faith Based Healthcare in Michigan

Reg Ini: JAW

SJRM

5215 HOLY CROSS PARK
MISHAWAKA, IN 46545

Patient Type: EM EM EMERGENCY ROOM

Print Date: 01/01/2016 Time: 19:33

Patient Acct.# / FIN:	Financial Class:	Admit Date/Time:	Location/Room/Bed:	MR#:
010352871-6001	ST SELF PAY TRAD	01/01/2016 18:49	ERM ED-SJRM	- 000540526
Patient Name/Addr/Phone:		Age:	Nearest Relative:	Emergency Contact:
HUFFMAN, JEREMY SCOTT		30Y	MONJOW, NICKI	NONE, PER PT
811 BLUE JAY LN		Sex: M	Hm#: 574-323-7803	Hm#: 000-000-0000
MISHAWAKA, IN 46545-1372		DOB: 08/06/1985	Wk#:	Wk#:
Hm#: 574-520-0161 Alt#:		SS#: XXX-XX-2648	Ext:	Ext:
Race: W WHITE Ethnicity: NHO NOT HISPAN/LAT		Mar Status: S	Rel: SIGNIFICANT OTH	Rel: NONE
Language: ENG ENGLISH			Guarantor Name/Addr/Phone:	DOB: 08/06/1985
Rlg: CATHOLIC			HUFFMAN, JEREMY SCOTT	CPI#: 010352871
Congregation: NONE			811 BLUE JAY LN	SS#: XXX-XX-2648
Pt Employer/Addr/Phone:			MISHAWAKA, IN 46545-1372	
UNEMPLOYED			Hm#: 574-520-0161	Status:
			Rel: SELF	NOT EMPLOYED
600-000-0000 Ext:		Status: NOT EMPLOYED	Guar Employer/Addr:	Ph#: 000-000-0000
Acc Type: NON-ACCIDENT			UNEMPLOYED	Ext:
Acc State: Acc Place:				
Acc Date/Time:				
Nature:			Physicians:	ID: Phone:
Police Notified By:			Atn: EDER, STEPHEN C	002247 574-335-1110
Brought In By: NO AMBULANCE			Adm:	
Information Given By:			Pcp: PHYSICIAN, NO PCP	099992 000-000-0000
Adm/Reg Type: EMERGENCY			Ref: EDER, STEPHEN C	002247 574-335-1110
Adm/Reg Source: NON HEALTH CARE FAC			HIPAA/ACK Consent/Date: Y 03/18/2013 Obj:	
Referring Inst:			MSP: Bypass: Pt Class: PS Rest:	
Mode of Arrival: WALKED			Info Release Indicator: -	
Chief Complaint:				
LEFT ELBOW PAIN				
Admitting Dx:				
Insurance #1:		Ins Name:		
Cont#:		Grp#:		
Grp Name:		Eff Dates:	Ph#:	Ext:
Auth#:		Rel:		
Insurance #2:		Ins Name:		
Cont#:		Grp#:		
Grp Name:		Eff Dates:	Ph#:	Ext:
Auth#:		Rel:		
Insurance #3:		Ins Name:		
Cont#:		Grp#:		
Grp Name:		Eff Dates:	Ph#:	Ext:
Auth#:		Rel:		
Insurance #4:		Ins Name:		
Cont#:		Grp#:		
Grp Name:		Eff Dates:	Ph#:	Ext:
Auth#:		Rel:		
Comments:		CHART: _____ ANALYZED _____ ABSTRACTED _____		
CPI:		<div style="border: 1px solid black; padding: 10px; text-align: center;"> MEDICAL RECORD CERNER BARCODE LABEL </div>		
Visit:				
INS:				
Critical Alert 1:				
Critical Alert 2:				
Critical Alert 3:				
DOWNTIME #:				
Prior Adm:				
Prior Reg: 08/29/2013				
Disposition:				
Date: ____ / ____ /20 ____				
Time: ____ : ____ am/pm				



Form 9150



MR#: 000540526



Pat Acct.#/FIN:010352871-6001

ERRG Printer: By: JAW

Patient Name: **HUFFMAN, JEREMY SCOTT**
MRN: (RMC)-000540526
Date of Birth: 8/6/1985
Admit Date: 1/1/2016
Discharge Date: 1/1/2016
Account Number: 010352871-6001
Patient Type: Emergency
Attending: Eder MD ,Stephen C

ED Physician Note

DOCUMENT NAME:

ED Physician Notes

ELECTRONICALLY SIGNED BY:

Eder MD ,Stephen C (1/2/2016 04:31 EST)

Elbow swelling and pain *ED

Patient: **HUFFMAN, JEREMY SCOTT** MRN: (RMC)-000540526 FIN: 010352871-6001
Age: **30 years** Sex: **Male** DOB: **8/6/1985**
Associated Diagnoses: **None**
Author: **Eder MD , Stephen C**

Basic Information**Time seen:** Date & time 01/01/2016 19:37:00.**History source:** Patient.**Arrival mode:** Walking.**History limitation:** None.**Additional information:** Chief Complaint from Nursing Triage Note : Chief Complaint-Triage

1/1/2016 18:57 EST Chief Complaint-Triage swelling left elbow, pain - no known injury .

History of Present Illness

Male age 30 presents to the ED with left elbow swelling. This started 3 months ago and has been gradually worsening. He has also had gradually worsening pain, this has been waxing and waning. Pt denies any recent injury. He did suffer a gunshot wound to his left elbow about 10 years ago and had extensive reconstructive surgery done to place hardware. Denies any recent redness or fevers. He reports he has had similar episodes of swelling about once a year since then.

The patient presents with left, arm pain, arm swelling. The onset was 3 months ago. The course/duration of symptoms is worsening. Type of injury: GSW about 10 years ago, no recent injury. The character of symptoms is pain and swelling.

Review of Systems**Constitutional symptoms:** No fever,**Respiratory symptoms:** No shortness of breath,**Cardiovascular symptoms:** No chest pain,**Gastrointestinal symptoms:** No abdominal pain, no vomiting, no diarrhea.**Musculoskeletal symptoms:** left elbow pain and swelling.**Health Status****Allergies:**Allergic Reactions (Selected)

NKA.

Medications: Medications in ED summary reviewed.**Past Medical/ Family/ Social History****Medical history**

Printed Date/Time: 2/20/2019 12:31 EST

Report Request ID: 228396123

ED Physician Note**Past Medical History Problem List****Resolved**

Gunshot wound
Heat stroke

Surgical history:

Left upper arm (507687013)..

Social history: Alcohol use: Denies, Tobacco use: current everyday smoker, Drug use: Denies.

Physical Examination**Vital Signs****Vital Signs/Measurements**

1/1/2016 18:57 EST

Temperature	98.3 Degrees F NML
Pulse Rate	97 BPM NML
Respiratory Rate	14 Br PM NML
Pulse Oximetry	100 % NML
Oxygen Delivery	Room air
Systolic BP	146 mm Hg HI
Diastolic BP	100 mm Hg HI

General: Alert.

Skin: Warm, dry.

Head: Normocephalic, atraumatic.

Neck: Supple.

Eye: Pupils equal and reactive.

Ears, nose, mouth and throat: Oral mucosa moist.

Cardiovascular: Well perfused.

Respiratory: Respirations are non-labored.

Gastrointestinal: Non distended.

Musculoskeletal: Normal ROM, left lateral superior elbow: egg sized area of swelling which is minimally tender to palpation, no overlying erythema, with possible fluctuance. pt able to flex and extend elbow without pain. NV intact. .

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, normal speech observed.

Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making

Documents reviewed: Emergency department nurses' notes.

Radiology results: X-ray, left elbow, reviewed radiologist's report, interpretation: FINDINGS: Distal left humeral hardware is again noted and is unchanged in appearance of lucencies along the medial

ED Physician Note

aspect of the hardware. Findings consistent with old distal left humeral fracture are noted. There is no appreciable fat pad elevation at the left elbow. No definite soft tissue swelling is identified. The alignment is anatomic and there are no appreciable acute fractures or dislocations.

IMPRESSION:

Stable appearance of left distal humeral hardware. No acute left elbow fractures..

Notes: Patient is a 30-year-old male who presents to the emergency department with a complaint of left elbow swelling. The patient has intermittent swelling to his left lateral elbow just superior to the joint on an intermittent basis. He states this will be intermittently infected and swell more. Usually however when is infected he has overlying erythema which he does not have today. Despite this he comes in for evaluation. He does have a history of surgical repair of that elbow following a gunshot wound. On exam the patient is able to flex and extend his elbow without difficulty. The area fullness is approximately excised and there is mild fluctuance. After getting informed consent from the patient and discussing the possibility of introducing infection or causing bleeding the patient asked that the area be aspirated. Using sterile technique and attempt was made to aspirate the fullness with a 19-gauge needle and syringe. No aspirate returned. At this point is possible it is simply hematoma within his bursa. Because of increased pain and the possibility of an infection patient was put on antibiotics. He'll be asked to return to the emergency department symptoms worsen and he was given Dr. Rosie of orthopedics to follow up with if symptoms continued..

Reexamination/ Reevaluation

Time: 01/01/2016 19:41:00 .

Notes: Discussed that I believe his symptoms are caused by bursitis and I am not concerned for an infection.

Discussed risks and benefits of attempting to aspirating the fluid. Pt understands the risks and wishes to proceed. .

Time: 01/01/2016 20:18:00 .

Interventions: Order Profile (Selected)

Prescriptions***Prescribed***

Bactrim DS 800 mg-160 mg oral tablet: 1 Tab, PO, BID, for 10 Day(s), 20 Tab, 0 Refill(s)

Keflex monohydrate 500 mg oral capsule: 1 Cap, PO, QID, for 10 Day(s), 40 Cap, 0 Refill(s).

Notes: Was unable to aspirate any fluid. Pt states when he has had this swelling in the past antibiotics have helped. While I do not believe he currently has an infection I will start him on antibiotics as I believe he will have a difficult time with prompt f/u. Pt is strongly encouraged to f/u with ortho. .

Procedure**Incision and drainage**

Time: 01/01/2016 20:07:00 .

Confirmed: Patient, procedure, side, and site correct.

Consent: Patient, Has signed consent.

Indication: bursitis.

Pre procedure exam: Circulation, motor, and sensory intact.

Procedural sedation: None.

ED Physician Note**Description**

Upper extremity: left, elbow.

Anesthesia: 1 ml, 1% lidocaine.

Preparation: sterile field established.

Technique: 19 gauge needle used to decompress fluid collection.

Drainage: none.

Post procedure exam: Circulation, motor, sensory examination intact.**Patient tolerated:** Well.**Complications:** None.**Performed by:** Self.**Impression and Plan****Diagnosis**

Bursitis (ICD10-CM M71.9, Discharge, Medical)

Hematoma, possible (ICD10-CM T14.8, Discharge, Medical)

Plan**Condition:** Stable.**Disposition:** Discharged: Time 01/01/2016 20:20:00, to home.**Prescriptions:** Bactrim DS 800 mg-160 mg oral tablet: 1 Tab, PO, BID, for 10 Day(s), 20 Tab, 0 Refill(s)

Keflex monohydrate 500 mg oral capsule: 1 Cap, PO, QID, for 10 Day(s), 40 Cap, 0 Refill(s).

Patient was given the following educational materials: Hematoma, Olecranon Bursitis.**Follow up with:** William Rozzi, Orthopaedic Surg Within Follow-up as needed Please followup with Dr. Rozzi of Orthopedic Surgery for reevaluation. Please return to the Emergency Department if symptoms worsen..**Counseled:** Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Documented by Allison Harper acting as scribe for Dr. Eder.

I, Dr. Eder, have reviewed the chart documented by the scribe in its entirety for accuracy and agree with its content.

1/1/16. 2048.

SJRMHC

St Joseph Regional Medical Center
Mishawaka, IN 46545-

A Member of Trinity Health
Livonia, Michigan

Patient Name: **HUFFMAN, JEREMY SCOTT**
MRN: (RMC)-000540526
Date of Birth: 8/6/1985
Admit Date: 1/1/2016
Discharge Date: 1/1/2016
Account Number: 010352871-6001
Patient Type: Emergency
Attending: Eder MD ,Stephen C

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-1 filed 03/11/19 page 35 of 133

Diagnostic Radiology

Exam Name:	Accession Number:	Ordering Physician:	Exam Date/Time:
XR Elbow 3+ Views LT	XR-16-0001166	Quiring MD ,Mark A	1/1/2016 19:21 EST

Reason For Exam:
(XR Elbow 3+ Views LT) Pain w Trauma

Report

Patient Name: JEREMY HUFFMAN
Date of Birth: 08/06/1985
Account #: 103528716001
Med Rec#: 540526
Ordering Provider: MARK QUIRING
Study Date: 01/01/2016 19:24

XR Elbow 3+ Views LT, 1/1/2016 7:10 PM

History: 30-year-old male, pain with trauma

Comparison: 3/18/2013

Technique: 4 views of the elbow.

FINDINGS: Distal left humeral hardware is again noted and is unchanged in appearance of lucencies along the medial aspect of the hardware. Findings consistent with old distal left humeral fracture are noted. There is no appreciable fat pad elevation at the left elbow. No definite soft tissue swelling is identified. The alignment is anatomic and there are no appreciable acute fractures or dislocations.

IMPRESSION:

Stable appearance of left distal humeral hardware. No acute left elbow fractures.

Dictated at: MACPRO

***** FINAL REPORT *****

Dictated By: McCrea MD , Jonathan M 01/01/2016 19:24

Assigned Physician: McCrea MD , Jonathan M

Reviewed and Electronically Signed By: McCrea MD , Jonathan M 01/01/2016 19:25

Transcribed by: SCP 01/01/2016 19:24

Technologist: LJF

Printed Date/Time: 2/20/2019 12:31 EST

Report Request ID: 228396123

ST. JOSEPH COUNTY JAIL INMATE GRIEVANCE

1031

Exhibit 2

Grievance #
GV 2-17-130

Jeremy Hoffman Sr. 113741 2/27/2017 18411

Grievance filed against: Wagden Julie Lawson

Description of complaint: I've been denied proper treatment (medical) due to the burden and the staff supporting unwritten policies on how important a medical issue must be before it gets treated. The burden is growing steadily being told that the medical staff here is waiting on the heels to do something. I've been seeing doctors on this 1911 and reporting pain and excessive growth since August 2016. I even had a rupture inside my arm November 17, 2016 to which no care was given.

Inmate Signature: *[Signature]*

Fill out the grievance form in detail. If extra space is needed please use the back of this form. All grievances concerning any matter health care personnel have a right to file. If you are not a health care personnel, you may file a grievance if you are a patient or a family member. Responses to grievances will be made as soon as possible. All grievances will be forwarded to the grievance chairman. Responses to grievances will be made as soon as possible.

Office receiving grievance:

P.E.# 1872 Date: 2-27-2017

Action Taken: _____ P.E. # _____ Date: _____

Action Taken: _____ P.E. # _____ Date: _____

Response to inmate:

You are working out ahead and
if any article or pty. need be
made and approved by the
Folk. We cannot do this w/o
their approval. It is just about
money because they pay salaries

Staff member resolving grievance: _____ P.E. # _____ Date: _____

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

Returned on 4/27/2017

#2

ST. JOSEPH COUNTY JAIL INMATE GRIEVANCE

Copy

Grievance # 2nd GR 2-17-19

INMATE NAME Terrell, Herman S. 11374 2/20/07 6411
OCC # DATE CELL

Grievance filed against: Deputy Helander

Description of complaint: November 17, 2016. I was out outside receiving a phone call. At approximately 6:50-7:00 am I heard the back wall and a large steeling post knocked inside my room (undamaged at the time) and I heard a loud explosion that kept me from sleeping. I called for help in a medical emergency the which I'd delayed responded. He asked who was injured and what was the problem. I told him that a post was ~~falling~~ behind inside my room and that I was afraid it was in threatening and that I needed help. I told him that I was back to the post and I was scared a die off inmate Signature: [Signature] November 17, 2016

Fill out the grievance form in detail. If extra space is needed please use the back of this form. An inmate may state a grievance concerning any matter which feels is unjust and not in keeping with jail standards. The statement must be factual and this form must be signed. All grievances will be forwarded to the grievance committee. Responses to grievances will be mailed as soon as possible.

Officer receiving grievance: [Signature]

P.E.# 1672 Date: 2-27-2017

PE # _____ Date: _____

Accordi I anelli. _____ PE # _____ Date: _____

Action taken: _____

Response to inmate:

Q "Sweetest is already 4 months old why report it now?"

Q "Abuse was not able to do anything for you except schedule you for the doctor so there was no immediate action taken"

Q "your injury was not as severe that anything had to be done immediately / therefore waiting or drive from hotel no problems on when you leave the house."

Q On 3-12-17 you were sent to hospital because medical staff believed you suffered ~~serious~~ medical attention from emergency room

Staff member resolving grievance: St. Charles P.E. # 1443 Date: 3-11-17

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

Returned 4/28/2017

Grievance # D-4446 CON E-11-03

JERRY HARRIS
 INMATE NAME
 11374
 O.C.#
 DATE 7/11/17
 CELL 461
 Grievance filed against: Classification/Medical staff

I also have not received ~~and~~ any response or reply at this time.

[Signature]

Action Taken: _____ P.E. # _____ Date: _____

Response to inmate: _____

Your Specialist were present
Documentation that you advised an Ace wrap. The
wrap was used to help cover the wound was and
keep it in place. The wrap was no longer necessary
when the order changed, per the Specialist, to wait to
dry dressings.

Lyn H
7/24/17

Staff member resolving grievance: _____ P.E. # _____ Date: _____
Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

#4

Grievance # ~~60-2-1-118~~ 60-2-1-118

INMATE NAME 30004116-200001 1
O.C.A.# 113341
DATE 2-12-71 CELL 13411

[illegible]

form. An inmate may state a grievance concerning any matter he/she feels

Officer receiving grievance: _____

P.E.# 1872 Date: 2-27-2011

Action Taken: _____ P.E. # _____ Date: _____

Action Taken: _____ P.E. # _____ Date: _____

Response to inmate: _____

The FED's are aware of your issue and are in charge of any further treatment you receive. Approval for ALT treatment you receive comes from the FED's.

Lynne H RN
3-1-17

Staff member resolving grievance: _____ P.E. # _____ Date: _____

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

Grievance # _____

Murder CA 7-17-85

INMATE NAME TERESA H. STEVENSON 113761 O.C.# 7-7-17 DATE 4571 CELL

Grievance filed against: St Joseph County Jail officials/ Medical personnel

Description of complaint: On 3/7/77 I was taken for a biopsy of a mass on my left elbow. After more than 7 months of the ongoing obsvrs and treatment, the results were supposed to be taken very revealing. The results were positive for non tumor of glandular tissues and I was never made aware of these findings and remained without treatment and the other pathologist's reasoning for this interval for nearly 6 weeks. I was finally hospitalized on March 12 with very extensive changes to the joint, muscle, and fibro of my left arm.

Inmate Signature:

Henry H. Adams

Fill out the grievance form in detail. If extra space is needed please use the back of this form. An inmate may state a grievance concerning any matter within the facility that is unjust and not in keeping with jail standards. The statement must be factual and the form must be signed. All grievances will be forwarded to the grievance chairman. Responses to grievances will be made as soon as possible.

422 7/13/17

Officer receiving grievance: Don P.E.# 010 Date: 1/10/11

Action Taken: _____ P.E. # _____ Date: _____

Action Taken: _____ P.E. # _____ Date: _____

Response to inmate: _____

The medical professionals pursue the needs of the body which for weeks of requesting the nurse.

The addition to the physical was not part of the care from the mother so the nurse well expected a request.

Transport to doctor for treatment a day ago needs to be made as they are not able to feel just last night. At present to be an emergency which is what we did.

P. E. # _____ Date: _____

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

Chairman, Classification Fil

Grievance

7-17-84

INMATE NAME TERRELL, William Sr. 11374 O.C.A. # 11911 DATE 4151 CELL

Grievance filed against: Madden Julie Lawson

Description of complaint: I wrote a complaint against the warden on 3/3/17 complaining of being denied medical treatment. I was hospitalized after this complaint for the exact issue I was complaining about. On 3/3/17, I underwent extensive surgery to remove infections from my left arm caused by this issue and was kept at the hospital for about 22 days. Doctors also removed large amounts of dead flesh and muscle tissue. Not only was the warden and other jail officials made aware of my progressive issue, there was a lawsuit on 3/1/17 that showed the presence of staphylococcus aureus and no action was taken for nearly six weeks.

Inmate Signature:

Lucy Walker

Fill out the grievance form in detail. If extra space is needed please use the back of this form. An inmate may state a grievance concerning any matter he/she feels is unjust and not in keeping with jail standards. The statement must be factual and this form must be signed. All grievances will be forwarded to the grievance chairman. Responses to grievances will be made as soon as possible.

11/11/72 7-12/11/72

Officer receiving grievances: [Signature]
P.E. # 01 Date: 11/01

Action Taken: _____ P.E. # _____ Date: _____

Action Taken: _____ P.E. # _____ Date: _____

Response to inmate: _____

I do not remember such any complaints regarding an illegal case of 9 years to arrested to notify department is being provided.

[Signature]

1/24/11

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

Exhibit 2 #7

Inmate Name Jeremy Hoffman Cell B411

Date 12/29/16 Time 4:30 PM

Medical Request Moss on elbow
refilled, bigger than ever.
Still growing. Pain increase.
Tylenol and Ibuprofen
not helping anymore.

Response: Placed on lot to see
the doctor

Signed Nike Nue Date 12/29/16 Time 2:00

St. Joseph County Jail Nursing Office
Form No. 7103

Copy



American Civil Liberties Union of Indiana

February 17, 2017

Jeremy Hoffman
St. Joseph County Jail
401 W. Sample St.
South Bend IN 46601

Case: 1701-28

Dear Mr. Hoffman,

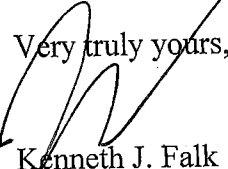
We received your recent request for legal assistance. As I understand it, you are having problems obtaining medical care at a county jail. Unfortunately, our office will not be able to assist you in filing a lawsuit at this time. However, I will be more than happy to contact the facility on your behalf and see why you are not getting medical treatment. I have found that a letter from us may sometimes help to obtain medical care for a prisoner who needs it.

If you would like me to do this, please sign the enclosed client agreement. Please note that I am agreeing only to contact the sheriff on your behalf. I will not be representing you in any lawsuit. Also, I am not filing a damages action for you. If you do wish to pursue a damages action, I have included an informational letter concerning tort claims procedures against the sheriff and the county.

As soon as I receive the client agreement as well as the medical release form back from you, I will contact the appropriate persons and send you a copy of my correspondence.

I look forward to hearing from you. Thank you very much.

Very truly yours,


Kenneth J. Falk
Attorney at Law

Enclosure
KJF/mp

MRI CENTER

Exhibit 4

**FINANCIAL AGREEMENT, AUTHORIZATION, ASSIGNMENT OF BENEFITS
AND PATIENT CONSENT FORM**

DATE: 10-16-16 NAME: Jeremy Heffernan (Printed)

With the execution of this document, the undersigned, in consideration for services rendered or to be rendered, hereby agrees to the following:

1. **FINANCIAL AGREEMENT:** I understand that as a courtesy to its patients providing insurance/billing information, the MRI Center will submit claims to my health care plan or insurance company. I further understand that I am responsible for payment of the balance owed. I agree that I am also responsible for any deductibles, co-insurance, charges for non-covered services, charges for services deemed "medically unnecessary" or charges for which I have not obtained a properly authorized written referral if required by my health care plan. In the event that I am not currently enrolled as a member of a health care plan, I am personally responsible for all charges incurred for services. I agree to pay for all services rendered to me by Northern Indiana Magnetic Resonance Center, LLP (MRI Center).

I am aware that although the MRI Center has offices at Memorial Hospital, St. Joseph Regional Medical Center - Mishawaka campus, Plymouth campus and Lighthouse Medical Imaging, it does not participate with any of these hospitals' billing plans or provider affiliations. I am also aware that the interpreting Radiologist is not an employee of the MRI Center, but a contracted provider.

FOR MEDICARE PATIENTS ONLY

2. **MEDICARE AUTHORIZATION:** I request that payment of authorized Medicare benefits due me, be paid on my behalf to the MRI Center, for any services furnished to me by the MRI Center. I authorize any holder of medical or other information about me, to release to any insurance carrier or to the Health Care Financing Administration and its agents, information needed to determine these benefits or any benefits for related services. I permit a copy of this authorization to be used in place of the original. I understand that I am responsible for the Medicare Part B deductible, and the remaining 20% of charges.

3. **ASSIGNMENT OF BENEFITS:** I hereby assign to the MRI Center those insurance benefit payments due the MRI Center and hereby authorize my insurance company to make payment directly to the MRI Center. I understand that regardless of this assignment, I remain primarily responsible to the MRI Center for payment of all actual charges incurred. A carbon copy or photocopy of this assignment shall be as valid as the original.

4. **RELEASE OF INFORMATION:** I authorize the MRI Center to disclose all or any part of my medical record to any insurance carrier, person or corporation which is or may be liable under contract to the MRI Center or to me or to a family member or employer of mine, for all or part of the MRI Center's charges. This authorization includes but is not limited to worker's compensation carriers, Blue Cross/Blue Shield, commercial insurance carriers, and the fiscal intermediary under Medicare and Medicaid.

5. **PATIENT CONSENT:** Based on my physician's referral for MRI services, I request and give consent to the MRI Center, its physicians and staff to provide Magnetic Resonance Imaging (MRI) services and related care. This includes treatment of any life threatening condition which may arise during the course of my MRI examination or while present at the MRI Center.

MY SIGNATURE ACKNOWLEDGES THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO READ, OR HAVE HAD THE ABOVE INFORMATION EXPLAINED, AND THAT I FULLY UNDERSTAND THE STATEMENTS IN THIS DOCUMENT AND CONSENT TO EACH OF THEM. I CERTIFY THAT I AM THE PATIENT OR AM DULY AUTHORIZED BY THE PATIENT TO EXECUTE THE ABOVE AND ACCEPT THE TERMS.

Patient Signature

Patient's Agent/Representative

I have been offered/received a copy of the MRI Center's Notice of Privacy Practices

Initial

Witness Signature

Date

Time

Thank you for choosing the MRI Center for your MRI imaging services.

WHITE - MRI Center

YELLOW - Patient Copy

Exhibit 5

Jeremy Huffman B411
Inmate Name Cell

Date 12/5/16 Time 11:00 pm

Medical Request Left elbow
worsening still;
meds not helping.

Response: Will have you take
to doctor about this on Thurs
12/8/16

Nurse 12/11/16 1329
Signed Date Time

St. Joseph County Jail Nursing Office

Form No. 7103

Jeremy Huffman B411
Inmate Name Cell

Date 12/11/16 Time 10:35 AM

Medical Request Lynn, please return
a response to all my requests
concerning my left elbow
along with any/all documents
pertaining to it; doctor's notes,
diagnosis, treatments, medications,
etc for my own personal records.

Response: I can't do that. Records
are not released to current
inmates and they must be
requested through an attorney.

Signed _____ Date Lynn Time 12-13-16

St. Joseph County Jail Nursing Office

Inmate Name

Cell

Date 1/10/17 Time 10:30 pm

Medical Request Please follow up
on my left elbow.
Conditions worse still.
Elbow swollen huge and
ibuprofen not helping.

Response: I just talked to
the doctor about this - you will
be seeing a doctor for a
biopsy of elbow soon
Feels have been in for

Signed nurse Date 1/19/17 Time 1320
cm

St. Joseph County Jail Nursing Office

Form No. 7103

Jeremy Huffman B411
Inmate Name Cell

Date 11/15/16 Time 11:00 pm

Medical Request Reporting
conditions worsening
on left arm.

Response: you are on the
doctor's list for Friday 11/25/16
as a follow-up - (no change)
this is the time we have a doctor

Nurse 11/23/16 1250
Signed Date Time

St. Joseph County Jail Nursing Office

Form No. 7103

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1703800207

NAME: HUFFMAN, JEREMY
TYPE: OOS - Outpatient in a Bed
ADMIT: 2/7/2017
DISCH: 2/7/2017
ATT: DUPRAT M.D., GERARD I

DOB/SEX: 8/6/1985 Male

FACESHEET

Report Request ID: 77995239
Copy To: FRANKLIN HIM,
MICHELE L CIOX

1/24/2019 13:12 EST
Page 1 of 10

* Auth (Verified) *

FROM: beacon Vas Int Rad TO: IR 01/20/2017 15:39:30 #395 P.001/002

Memorial
Hospital of South Bend

HUFFMAN, JEREMY
08/06/1985 M 31Y
MRN: 517993

1703800207

Date > 1-20-17	PATIENT IDENTIFICATION
Patient: <u>Huffman, Jeremy</u>	
Allergies: <u>NKA</u>	Reaction: _____
Premedication Ordered: _____	Pharmacy to Call: _____
Coumadin/Plavix: <u>0</u>	Hold Dates: _____
If on Plavix, Coronary/Carotid Stent: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Age of Coronary/Carotid Stent _____	
Physician Notified _____	Date _____
Diabetic: <u>0</u>	
Procedure <input type="checkbox"/> Arteriogram <input type="checkbox"/> Myelogram <input type="checkbox"/> Angioplasty <input type="checkbox"/> _____ Biopsy	
<input type="checkbox"/> LP <input type="checkbox"/> Embolization <input type="checkbox"/> Nerve Root Block <input type="checkbox"/> Vertebroplasty <input type="checkbox"/> Fistulogram <input type="checkbox"/> Permanent Catheter	
<input type="checkbox"/> Drainage Tube Other: _____	
Date/Time of arrival: <u>Tues. Feb 7, 2017 8/930</u>	
<input checked="" type="checkbox"/> Check in at 2nd Floor Heart Vascular Center (short stay)	
<input type="checkbox"/> Regular Diabetic Breakfast <u>NPO</u>	
<input type="checkbox"/> Myelograms: <u>Drink 2 large glasses of water the night before your procedure and the morning of, before you come in</u>	
<input checked="" type="checkbox"/> Continue to take your medications/bring a list of your medications with you	
<input checked="" type="checkbox"/> Bring a picture ID and Insurance Information with you	
<input checked="" type="checkbox"/> Need someone to drive you home	
<input checked="" type="checkbox"/> Need someone to stay with you during the night	
<input checked="" type="checkbox"/> Radiology Nurse will be giving you sedation/making you comfortable during procedure	
Other: _____	
<u>Spoke to Jail RN Karen 245-6530</u>	
<u>Curtis Fed Marshall 574-440-5778 cell</u>	
Signature > <u>[Signature]</u>	Date > <u>1-20-17</u>



* Auth (Verified) *

Memorial
Hospital of South Bend

HUFFMAN, JEREMY
08/06/1985 M 31Y
MRN: 517993

1703800207

Arrival Time: 0800 Procedure Date: 02/07/17 Proc Time: 09:30AM

Name: HUFFMAN, JEREMY
Phone: (574) 334-3858
Work:
Payor:
Ordering Physician: HALL, CHRISTOPHER C
Phone #: (574) 647-4530
Diagnosis: LEFT ELBOW LESION
Procedure: BONE BIOPSY (COMBO)
Attending Physician: HALL, CHRISTOPHER C
Practitioner: DUPRAT, GERARD I

☒ Male ☐ Female
Date of Birth: 08/06/1985

Special Instructions:
ALLERGIC: NO
CALLER: JAIL
CCDOC: UNK
DIABETIC: UNKNOWN
FILMS: YES
FILMSA: MRI PACS
HVC: YES
INPT/OUTPT: OUTPATIENT
IRHNP: NA
LATEX: NO
NURSEHOME: KAREN JAIL RN-245-6530
OM-ORDERS: NO ORDERS
ORDER: FAX
PREGNANT: NO
RADINTERPR: NO
THINNER2: NO
WEIGHT: WNL

DATE	ORDERS
2/7/17	Circle one: 1. Creatinine, CBC, PLTS, Fibrinogen, PT, PTT, Type & Screen (T&S) 2. Admit (circle one) Outpatient, Inpatient, OOS

Comments:
PT IS FEDERAL INMATE-BILL TO HAMMOND OFFICE-US
PER DUPRAT

VO R & V of Dr. Duprat by M. Bick RN 1/20/17 1614
RN Signature Date Time

Physician Signature: [Signature] Date Time

CENTRALIZED SCHEDULING REGISTRATION

DATE: 1/20/2017 TIME: 4:05:27PM
Form #575277 A (10/00) 822401 (Rev. 04/04)
PHR01712



575277

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1703800207

* Auth (Verified) *

Memorial

Hospital of South Bend



MRN: 517993



FIN: 1703800207

HUFFMAN, JEREMY

OUTPATIENT

PATIENT HUFFMAN, JEREMY 401 W SAMPLE ST SOUTH BEND, IN 46801 (574)245-6530 (P) (W)	ADMIT DATE	ADMIT TIME	DISCHARGE DATE	DISCHARGE TIME	ACCT. NO.
	02/07/2017	05:03			1703800207
	MED. REC. NO.	PT	FC		
	517993	OOS	C		
	DATE OF BIRTH	AGE	SEX	MS	CHURCH NAME
	08/06/1985	31Y	M	S	NO CHURCH INDICATED
EMPLOYER	PREVIOUS NAME	LANGUAGE	Svc	VISIT	HIPAA
			HVC		
	ACCOM CID	STATION	ROOM BED	RACE	
		2HV	0018/01	CAUCASIAN	
OCCUPATION:	MOTHER'S NAME				
CONTACT 1	ADMITTING PHYSICIAN	HALL, CHRISTOPHER			
	ATTENDING PHYSICIAN	HALL, CHRISTOPHER			
	(PCP)	CHRISTOPHER, HALL			
CONTACT 2	ADMITTING COMMENT	THERAPIST INITIALS			
	LEFT ELBOW LESION				

GUARANTOR HUFFMAN, JEREMY 401 W SAMPLE ST SOUTH BEND, IN 46801	SELF (574)245-6530	GUARANTOR EMPLOYER
HUFFMAN, JEREMY OTHER GOVERNMENT PAY 204 S MAIN ST 1 SOUTH BEND, IN 468012122	DOB Group# Policy# 311942648 Verify Ph (574)236-8781 Review Ph PAT IS THE INSURED	2
3	DOB Group# Policy# Verify Ph Review Ph	4
5	DOB Group# Policy# Verify Ph Review Ph	6

PHYSICIANS: DOCUMENT DIAGNOSIS/PROCEDURES IN YOUR DISCHARGE SUMMARY OR FINAL PROGRESS.
(STAYS UNDER 48 HOURS)

DO NOT WRITE IN THIS AREA

Page: 1 of 1
Form #575256 A 03/00 622201 (Rev. 10/05/15)

Demand Printed On 02/08/2017 13:07:30

PATIENT REGISTRATION/FACE SHEET



575256

* Auth (Verified) *

Memorial
Hospital of South Bend
Quality of Life

HUFFMAN, JEREMY
08/06/1985 M 31Y



MRN: 517993



1703800207

H&P / ORDERS / SEDATION RECORD - IR

Chief Complaint / Reason for Procedure / Sedation

(L) elbow x-ray / lesion

History / Comorbid Conditions:

SYSTEM	HISTORY	PHYSICAL EXAM WNL	COMMENTS
Head, EENT, Airway	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heart	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lungs	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Aspiration</i>
Abdomen	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
LOC, Mental	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Anesthesia/ Sedation Experience	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reviewed Allergies, Medications, Vital Signs and Lab Data

Any Additional H&P notes or significant results of relevant diagnostic studies:

SEDATION PLAN / ORDERS:

Procedure:

aspiration / biopsy

ASA Category: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PLAN: Moderate Sedation or

Benefits, Risks, Alternatives and possible Complications discussed with patient. Patient consents to proceed.

RE-EVALUATION IMMEDIATELY PRE-SEDATION: Patient was re-evaluated immediately pre-sedation and continues to be appropriate for planned sedation

☒ Give 1mg Versed IV and 50 mcg Fentanyl IV, may repeat every 5 minutes x 3.

Physician Signature

[Signature] 1/7/17 0830

MEDICATIONS:

☒ midazolam (Versed) IV per verbal order - total of 3mg

☒ fentanyl citrate (Fentanyl) IV per verbal order - total of 150mcg

Post Procedure Status Note:

Complications: ☐ Yes ☒ No Estimated Blood Loss: _____

Physician Signature

[Signature] 1/7/17 0830

Nurse Signature (for noting Physician Orders)

[Signature] 2/7/17 0930

Page 1 of 1 Reorder from Print Shop
Form #575728 A 05/01 704101 PS (Rev 03/16)

INTERVENTIONAL RADIOLOGY

H&P / ORDERS / SEDATION RECORD - IR



575728

* Auth (Verified) *

Memorial
Hospital of South Bend

HUFFMAN, JEREMY
08/06/1985 M 31Y
MRN: 517993

1703800207

Date: 2/7/17 (day of test)
Site: @ elbow

PATIENT IDENTIFICATION

1. Bed rest (May elevate head of bed 20-30 degrees) with extremity of puncture site immobilized until ☐ am ☐ pm
2. May log roll from side to side after 2 hours (time) with hip and leg straight.
3. Feel and check puncture site, distal pulses as marked on foot, and B.P., Pulse, and Respirations q 15min x 4, qhr x 4, q 2hr x 4, q 4hr till am.

TIME	SITE CHECK	DISTAL PULSE	BP	RADIAL PULSE	RESP.	INTAKE	OUTPUT	COMMENTS	INITIALS
Q 15M 0945	INT	/	104/79	78	16			Spoke	NU
1015	INT	/	140/84	73	14				h
1045	INT	/	119/87	104	16				h
Q HR									
Q HR									
Q HR									

Part of Nurses Notes; refer to Nurses Notes for additional documentation.

4. Call Radiologist for any changes in vital signs or bleeding.
5. Force oral fluids; up to 16oz. in first 2-4 hours.
6. Patient may resume other preoperative orders which do not contraindicate above.

Initials: N	RN Signature: [Signature]
Initials:	RN Signature:

Page 1 of 1 Reorder from Materials
Form #575683 A 01/06 801112 MC (Rev. 12/03)

POST ARTERIOGRAM FLOWSHEET



Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390

NAME: HUFFMAN, JEREMY

FIN: M1703800207

DR. FINAL PROGRESS NOTE

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1703800207

* Auth (Verified) *



Ambulatory Care Center

NOTE:

Complete on stays under 48 hours if no discharge summary dictated.
Patient and/or significant other demonstrated or verbalized knowledge
of the following discharge instructions:

HUFFMAN, JEREMY
08/06/1985 M 31Y
MRN: 517993

1703800207

Patient Identification

FINAL PROGRESS NOTE	
Follow Up:	POST OPERATIVE NOTES: <input type="checkbox"/> N/A
With referring physician	Procedure: <i>Excisional</i>
	Pre-Op Diagnosis: <i>Bleed</i>
Medications:	Post-Op Diagnosis:
	Findings: <i>Burn</i>
Diet:	Surgeon:
	Assistant(s):
Physical Activity:	Estimated Blood Loss:
	<input checked="" type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Other:
Outcome of hospitalization and case disposition:	Specimen Removed:
	<input type="checkbox"/> None <input type="checkbox"/>
	Complications:
	<input checked="" type="checkbox"/> None <input type="checkbox"/>
Final Diagnosis: include comorbidities/secondary diagnoses	Optional:
	Anesthesiologist:
	Type of Anesthesia:
Physician Signature: <i>[Signature]</i>	Date: <i>8/7/17</i> Time: <i>07:20</i>

Page 1 of 1 Reorder from Print Shop
Form #575440 A 08/94 821623 PS (Rev 01/16)

ACC - FINAL PROGRESS NOTE

575440

* Auth (Verified) *

Memorial

Hospital of South Bend



MRN: 517993



FIN: 1703800207

Page : 1

Physician Attestation

Date: 02/14/2017 07:58

Patient: HUFFMAN, JEREMY

Address: 204 S MAIN ST

DOB: 08/06/85

Fin Class: COMMERCIAL

SOUTH BEND

Sex: MALE

Ins. Plan: OTHER GOVERNMENT PAYERS IN, 46601

Guarantor: SELF

Phone #: (574) 245-6530

Adm Date: 02/07/17

Adm Source: PHYS/CLINIC REFERRA

Acct. #: 1703800207

Adm Time: 05:03

Adm Type: ELECTIVE

Unit. #: 0000517993

Dis Date: 02/07/17

Trans. From:

Pt. Type: OUTPATIENT

Dis Time: 10:51

Service: HEART & VASC CENTER

Trans To:

LOS: 1

Dis Status: *OF DISCHARGED TO HOME

Coder: CLP

Admitting DR: DUPRAT, GERARD I

Referring DR: DUPRAT, GERARD I

Attending DR: DUPRAT, GERARD I

Discharge DR:

ER Physician:

Primary DR: HALL, CHRISTOPHER

ICD-10 DRG v.0:

Admit Diagnosis:

L98.9

DISORDER OF THE SKIN AND SUBCUTANEOUS

Principal Diagnosis:

L72.9

FOLLICULAR CYST OF THE SKIN AND SUBCU

POA:

Secondary Diagnoses/POA:

M70.32 OTHER BURSTITIS OF ELBOW, LEFT ELBOW/

Reason for Visit:

L98.9

DISORDER OF THE SKIN AND SUBCUTANEOUS

Principal Procedure:

Date:

Primary Surgeon:

Secondary Procedures:

Consultants:

Date:

Specialty:

End of Report

MEDICAL RECORD CODING SUMMARY



575490

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993

FIN: M1703800207

NAME: HUFFMAN, JEREMY

PATIENT CORRESPONDENCE

DOCUMENT TYPE:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORMED INFORMATION:

Provider Letter
2/8/2017 11:16 EST
Auth (Verified)
PENLAND-ERNSBERGER HIM, KATHLEEN T (2/8/2017 11:16 EST)

SIGNED INFORMATION:

Attachment(s):
2/8/2017 11:16 EST (02/08/2017) Transition of Care/Referral Summary

From: PENLAND-ERNSBERGER HIM, KATHLEEN T
To: HALL, CHRISTOPHER <CHRISTOPHERHALL@BEACON.ALLSCRIPTSDIRECT.NET>;
Sent: 02/08/17 11:16:11
Subject: Transition of Care
Patient: HUFFMAN, JEREMY; Date of Birth: 08/06/1985

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1703800207

NAME: HUFFMAN, JEREMY

INTERVENTIONAL

ACCESSION
IR-17-0006248

PROCEDURE
IR 20220 Biopsy Bone-Trocar or
Needle-Su

EXAM DATE/TIME
2/7/2017 09:41 EST

Reason For Exam

(IR 20220 Biopsy Bone-Trocar or Needle-Su) left elbow lesion

Radiology Rpt

LEFT ELBOW CYSTIC LESION ASPIRATION AND BIOPSY: FEBRUARY 7, 2017.

COMMENTS: Procedure performed using ultrasound guidance. The 7 x 4 x 2 cm cystic lesion at the level of the lateral aspect of the left elbow was punctured with a 19-gauge needle (using ultrasound guidance). Nearly 50 mL of slightly viscous, synovial like fluid was aspirated and sent to cytology and microbiology. Posterior and anterior walls of lesion then biopsied coaxially using a 20-gauge Monopty needle. 5 passes made. Cores of tissue sent to pathology. There were no immediate complications.

Total duration of supervised moderate sedation was 12 minutes

Rad Station: IRWKS-3X

*** Final ***

Interpreted by: DUPRAT M.D., GERARD I

Electronically Signed By: DUPRAT M.D., GERARD I, M.D.
on 02/07/2017 13:27

MICROBIOLOGY

PROCEDURE:	Culture Routine with	ACCESSION:	
	Sensitivity if Indicated		
SOURCE:	Aspirate	BODY SITE:	
COLLECTED DATE/TIME:	2/7/2017 09:24 EST	RECEIVED DATE/TIME:	2/7/2017 10:59 EST
START DATE/TIME:	2/7/2017 09:24 EST	FREE TEXT SOURCE:	

SUSCEPTIBILITY RESULTS

Antibiotic	SA		MIC	
	MIC Interp	MDIL	MIC Interp	MDIL
Beta Lactamase		+		+
Cefazolin	Susceptible		Susceptible	
Clindamycin	Susceptible		Susceptible	
Oxacillin	Susceptible		Susceptible	
Vancomycin	Susceptible	<=0.5	Susceptible	<=0.5

Report Request ID: 77995239

1/24/2019 13:12 EST
Page 5 of 10

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1703800207

NAME: HUFFMAN, JEREMY

MICROBIOLOGY

PROCEDURE:	Culture Anaerobic (includes smear)	ACCESSION:	
SOURCE:	Aspirate	BODY SITE:	
COLLECTED DATE/TIME:	2/7/2017 09:24 EST	RECEIVED DATE/TIME:	2/7/2017 10:59 EST
START DATE/TIME:	2/7/2017 09:24 EST	FREE TEXT SOURCE:	left elbow

*****FINAL REPORTS*****

Final Report

Verified Date/Time/Personnel:

Aerobic Gram Positive Cocci

See aerobic culture for identification/MIC if indicated

No anaerobic organisms isolated.

*****PRELIMINARY REPORTS*****

Preliminary Report

Aerobic Gram Positive Cocci

See aerobic culture for identification/MIC if indicated

No anaerobic organisms isolated.

*****INTERFACED REPORTS*****

Gram Stain RL

Verified Date/Time/Personnel:

<10 PMN/LPF

No organisms seen.

PROCEDURE:	Culture Routine with Sensitivity if Indicated	ACCESSION:	
SOURCE:	Aspirate	BODY SITE:	
COLLECTED DATE/TIME:	2/7/2017 09:24 EST	RECEIVED DATE/TIME:	2/7/2017 10:59 EST
START DATE/TIME:	2/7/2017 09:24 EST	FREE TEXT SOURCE:	left elbow

*****FINAL REPORTS*****

Final Report

Verified Date/Time/Personnel:

Rare STAPHYLOCOCCUS AUREUS

Rare STAPHYLOCOCCUS AUREUS #2

Organism isolated in anaerobic culture

*****PRELIMINARY REPORTS*****

Preliminary Report

Rare STAPHYLOCOCCUS AUREUS

Rare STAPHYLOCOCCUS AUREUS #2

Organism isolated in anaerobic culture

*****INTERFACED REPORTS*****

Gram Stain RL

Verified Date/Time/Personnel:

<10 PMN/LPF

No organisms seen.

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1703800207

NAME: HUFFMAN, JEREMY

ANATOMICAL PATHOLOGY

DOCUMENT TYPE: Non-Gyn Final Rpt
SERVICE DATE/TIME: 2/7/2017 17:21 EST
RESULT STATUS: Auth (Verified)
PERFORMED INFORMATION:
SIGNED INFORMATION:

Non-Gynecologic Cytology Report
DOB: 8/6/1985 31 years

Pathology Reports

Collected Date/Time: 2/7/2017 09:24 EST
Accession: FN-17-000607

Non-Gynecologic Cytology Report - Auth (Verified)
Clinical Notes:
" left elbow lesion"

Specimen Description:
Received 70cc of red fluid, fixed. Cell block prepared from submitted specimen.
EM/

Interpretation:
Aspirate, fine needle, Left Elbow, cytology and cell block:
NEGATIVE FOR MALIGNANCY
Abundant neutrophils with scattered lymphocytes and macrophages.
No epithelial component seen. Please correlate with biopsy report
SP17-4926.
Performed at: TMF Central Lab
CLIA #15D0357169, 530 N Lafayette Blvd South Bend, IN 46601

KTD 02/08/17, EM
Electronically verified by: Erica L. Martin, M.D.

SO: 02/08/17 14:22

DOCUMENT TYPE: Surg Path Final Report
SERVICE DATE/TIME: 2/7/2017 16:05 EST
RESULT STATUS: Auth (Verified)
PERFORMED INFORMATION:
SIGNED INFORMATION:

Report Request ID: 77995239

1/24/2019 13:12 EST
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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1703800207

NAME: HUFFMAN, JEREMY

ANATOMICAL PATHOLOGY

Surgical Pathology Report

DOB: 8/6/1985 31 years

Pathology Reports

Collected Date/Time: 2/7/2017 09:24 EST
Accession: SP-17-004926

Surgical Pathology Report - Auth (Verified)
Specimen
Left elbow biopsy

Clinical Information

Preoperative diagnosis: Gunshot wound
Postoperative diagnosis: Same
Pertinent Clinical Data: Smoker, drinker

Diagnosis

Core biopsy of left elbow mass lesion:
Fibroinflammatory proliferative stromal change with secondary
organizational features, extending into skeletal muscle
(see comment).

Performed at: TMF Central Lab
CLIA #15D0357169, 530 N Lafayette Blvd South Bend IN 46601

Performed by: Rick L. Hoover, M.D.

Electronically verified by: Rick L. Hoover, M.D.

Verified: 02/08/17 18:51
RLH/AGT

Comment

Histologic findings are nonspecific, showing reactive healing changes with fibroblastic cicatrix-type fibrosis and areas of organizing granulation tissue. Main differential diagnosis includes organizing inflammatory cysts, especially organizing abscess, synovial cyst with secondary inflammation and organizational change, and less likely nodular fasciitis.

Gross Description

The specimen is received in formalin in a container labeled with the patient name and L elbow bone biopsy. The specimen consists of multiple cylindrical portions of white-tan soft tissue varying from

Report Request ID: 77995239

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390

NAME: HUFFMAN, JEREMY

FIN: M1703800207

ANATOMICAL PATHOLOGY

0.1 to 0.6 cm in length x 0.1 cm in diameter. The tissue is not decalcified. ET for needle biopsy technique in 1A. SAW/OL/agt GXP/

Microscopic Description

Sections from blocks submitted at gross exam are microscopically reviewed. RLH/agt

Code

1

DISCHARGE PROCESS

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1703800207

* Auth (Verified) *

Memorial
Hospital of South Bend

HUFFMAN, JEREMY
08/06/1985 M 31Y
MRN: 517993

1703800207

PATIENT IDENTIFICATION

Diet: May eat as tolerated.

Activity: Do not drive until tomorrow morning.
Limit your activity for the rest of today and avoid strenuous lifting or heavy work for 24 hours.

Medications: ☐ Prescription given for: _____
Caution (if any): _____
Do not take next dose until: _____
☐ May take Tylenol as directed on bottle for discomfort.
☒ No prescription given.

Myelogram: Drink plenty of fluids for next 24 hours.
If headache develops be completely flat.
Call your physician for severe headache.

Call your Physician: # Facility MD for:
Bleeding, excessive pain, persistent nausea or vomiting.
If your physician is unavailable, call the Radiology Department at 574-647-7241.

Additional Instructions: Remove Bandages tomorrow

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS. ALL MY QUESTIONS HAVE BEEN ANSWERED.

Patient Signature	<u>[Signature]</u>	Date	
Nurse's Signature OR	<u>[Signature]</u>	Time	
Radiologist's Signature	<u>[Signature]</u>	Time	<u>1:45</u>
		Date	<u>8/7/17</u>



Exhibit 7

Mar. 25

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-1 filed 03/11/19 page 59 of 133

Doctor that hosts and is Deacon of the Catholic service
at the jail has witnessed progress of my condition
and eventually wrote this for me to help give
medical staff at the jail incentive to act.

Exhibit 7

Severe

3/12/19

Bursa of elbow

Inflamed & probably

infected

Needs to be drained or

at least aspirated
& cultured

Dan Greg Gehl, MD

284-2943

Exhibit 8

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390

FIN: M1707100095

NAME: HUFFMAN, JEREMY

TYPE: IP - Inpatient

ADMIT: 3/12/2017

DISCH: 4/14/2017

ATT: NIEMIEC MD, MONIKA

DOB/SEX: 8/6/1985 Male

FACESHEET

Report Request ID: 77995240
Copy To: FRANKLIN HIM,
MICHELE L CIOX

1/24/2019 13:13 EST
Page 1 of 49

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

Memorial
Hospital of South Bend



MRN: 517993



FIN: 1707100095

HUFFMAN, JEREMY

INPATIENT

PATIENT	ADMIT DATE	ADMIT TIME	DISCHARGE DATE	DISCHARGE TIME	ACCT. NO.
HUFFMAN, JEREMY 811 BLUE JAY LN MISHAWAKA, IN 46544 (574)298-1890 (P) (W)	03/12/2017	17:39	4-14-17		1707100095
	MED. REC. NO.	PT	FC		
	517993	IP	C		
	DATE OF BIRTH	AGE	SEX	MS	CHURCH NAME
	08/06/1985	31Y	M	S	NO CHURCH INDICATED
EMPLOYER	PREVIOUS NAME	LANGUAGE	SVC	VISIT	HIPAA
			MED		
OCCUPATION:	ACCOM CID	STATION	ROOM BED	RACE	
		8S	0834/01	CAUCASIAN	
	MOTHER'S NAME				
CONTACT 1	ADMITTING PHYSICIAN	NIEMIEC, MONIKA			
HUFFMAN, JAY BROTHER (574)298-1890 (P)	ATTENDING PHYSICIAN	NIEMIEC, MONIKA			
	(PCP)	ER, NO DOCTOR - ER			
CONTACT 2	ADMITTING COMMENT	THERAPIST INITIALS			
	SEPTIC ELBOW				

GUARANTOR
HUFFMAN, JEREMY
811 BLUE JAY LN
MISHAWAKA, IN 46544

GUARANTOR EMPLOYER
SELF
(574)298-1890

1	HUFFMAN, JEREMY OTHER GOVERNMENT PAY 204 S MAIN ST SOUTH BEND, IN 466012122	DOB Group# Policy# 311942848 Verify Ph (574)236-8781 Review Ph PAT IS THE INSURED	2	DOB Group# Policy# Verify Ph Review Ph
3		DOB Group# Policy# Verify Ph Review Ph	4	DOB Group# Policy# Verify Ph Review Ph
5		DOB Group# Policy# Verify Ph Review Ph	6	DOB Group# Policy# Verify Ph Review Ph

PHYSICIANS: DOCUMENT DIAGNOSIS/PROCEDURES IN YOUR DISCHARGE SUMMARY OR FINAL PROGRESS.
(STAYS UNDER 48 HOURS)

DO NOT WRITE IN THIS AREA

Page: 1 of 1
Form #575256 A 03/00 822201 (Rev. 10/05/15)

Demand Printed On 04/14/2017 20:27:03

PATIENT REGISTRATION/FACE SHEET



575256

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE SUMMARY

Electronically Signed By:

BODACH MD, KIRK J (4/14/2017 15:00 EDT)

01

DISCHARGE SUMMARY

PATIENT: HUFFMAN, JEREMY
MRN: 517993
ADM DATE: 03/12/2017
DIS DATE:

Dictated By: KIRK BODACH, MD
Attending: MONIKA NIEMIEC, MD
DOB: 08/06/1985

DATE OF ADMISSION: 03/12/2017
DATE OF DISCHARGE: 04/14/2017

ADMITTING DIAGNOSES:

1. Septic elbow on the left.
2. Elevated acute phase reactant.
3. Elevated blood pressure without hypertension.
4. Mild leukocytosis.

DISCHARGE DIAGNOSES:

1. Left elbow infected olecranon bursitis with retained hardware caused by Methicillin-sensitive Staphylococcus aureus, status post irrigation and debridement and hardware removal.
2. Postoperative seroma.
3. Narcotic-induced constipation.
4. Acute postoperative blood loss anemia.
5. Depression and anxiety.

HISTORY OF PRESENT ILLNESS: The patient is a pleasant 31-year-old male who was brought in by the jail staff with complaints of swelling and pain in the left elbow and had a cyst in the left elbow for about 9 months and, apparently, about a week prior, the cyst had opened up and was draining some fluid, increased in size, redness and pain, sought medical attention at the jail facility, was having worsening symptoms, becoming progressively more red, indurated and painful with some numbness in the arm. He had aspiration of several milliliters of fluid in the emergency room. Dr. Brian Ratigan was contacted.

CONSULTATIONS:

1. Dr. Ratigan
2. Dr. Lavanya Nutankalva of infectious disease.

SPECIAL STUDIES:

1. MRI 03/31/2017 of the left elbow shows interval hardware removal. Retained screws are noted within the distal humerus resulting in artifact somewhat limiting the exam. There is a new fluid collection in the posterior aspect of the distal humerus may represent postoperative seroma. Infected fluid collection is not excluded. This may be amenable to aspiration under ultrasound and fluoroscopy. Previously noted large bilateral fluid

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE SUMMARY

collection has resolved. There has been interval development of a bone marrow edema in the anterior capitellum which is of uncertain etiology and significance. It may be due to degenerative change, bone bruising or chronic stress-induced changes; osteomyelitis less likely.

2. Aspiration of the joint 04/04/2017, ultrasound-guided. Small left elbow fluid collection yielding 3 mL of serosanguineous fluid.
3. Blood cultures 03/12/2017 had no growth.
4. Wound culture from 03/12/2017, both samples grew MSSA.
5. Aspiration culture from 04/04/2017 had no growth.

PROCEDURES:

1. Left elbow infected olecranon bursa with retained hardware, open excision of necrotic skin, irrigation and debridement of infected olecranon bursa, open removal of hardware, placement of a VAC dressing 03/13/2017 by Dr. Ratigan.
2. Aspiration of left elbow fluid collection and effusion on 04/04/2017 by Dr. Kelly Mortell.

HOSPITAL COURSE: The patient was admitted with left elbow infection of the olecranon bursa with retained hardware and open excision of infected olecranon bursa with removal of hardware by Dr. Ratigan as described above. Infectious disease was consulted. The patient was placed on cefazolin and was given least the need for 6 weeks of antibiotic, of which at least should be IV. I did recommend repeat MRI that was described above, prior to transition to oral antibiotics. The patient had a wound VAC in place and this was transitioned to a PICO instead which the jail was able to arrange for the patient. Continued to receive wound care while he was here under the direction of infectious disease. The patient will continue discharge on oral Augmentin to complete a total of 6 weeks of antibiotics which will result in the last dose of antibiotics 04/26/2017.

DISCHARGE MEDICATIONS:

1. Augmentin 875/125 one tab p.o. q.12 h. x13 days.
2. Wellbutrin 300 mg extended release p.o. daily.

DISPOSITION: The patient will be discharged back to the jail today.

ve

04/14/2017 11:17 AM

04/14/2017 12:44 PM

001566811

Electronically Signed By: BODACH MD, KIRK J on 04/14/2017 03:00 PM

HISTORY & PHYSICAL

Electronically Signed By:

NIEMIEC MD, MONIKA (3/12/2017 23:36 EDT)

Report Request ID: 77995240

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

HISTORY & PHYSICAL

03

HISTORY AND PHYSICAL EXAM

PATIENT: HUFFMAN, JEREMY
MRN: 517993
FIN: 1707100095
ADM DATE: 03/12/2017

DICTATED BY: MONIKA NIEMIEC, MD
ATTENDING: MONIKA NIEMIEC, MD
RM: 1131
DOB: 08/06/1985

PRIMARY CARE PHYSICIAN: None. This is a no doctor patient.

CHIEF COMPLAINT: Left elbow swelling and pain.

HISTORY OF PRESENT ILLNESS: Mr. Huffman is a 31-year-old man who is currently incarcerated at the jail and was brought by jail staff due to complaints of swelling and pain in his left elbow. He states that he has had a cyst in the left elbow for about 9 months or more and last Monday, about a week ago, the cyst broke open. It had been draining some fluid from it and it has increased in size, redness and pain ever since that time. He sought medical attention at the jail facility, but says he was on any prescribed ibuprofen. He states that over the past 6 days, the elbow has become progressively more red, more indurated and painful. His arm is now numb. He has decreased sensation of the entire left upper extremity. His fingers are very swollen as well. He denies having any fevers or chills. He was having such significant pain today that he finally was able to be brought in for medical care. Here, his workup has included an x-ray of the elbow that is showing residual and recurrent complex fluid collection in the posterolateral soft tissues of the elbow. Dr. Aoko Doris Crain saw the patient and has aspirated several milliliters of fluid. The elbow continues to be extremely red and warm to the touch. He has some decreased motion of the extremity as well secondary to the significant amount of swelling that is contained within it.

Dr. Brian Ratigan has been notified for oncall surgery and is anticipating taking the patient to open up the elbow at around 9:00 p.m. tonight.

The patient will be admitted to the hospitalist service for further medical management.

PAST MEDICAL AND SURGICAL HISTORY: The patient denies any chronic medical conditions such as diabetes, hypertension or cardiac disease. He does have a history of a left forearm laceration that occurred nearly exactly 1 year ago. He is right-hand dominant and he was making a wooden spear using filet knife. The knife had slipped and he lacerated the volar surface of his left forearm and sustained a laceration to the left medial nerve as well as an ulnar nerve laceration and an extensor tendon laceration of the elbow with an open wound. He states that no surgery was done at the time and, in fact, the lesions healed quite well without leaving him with any residual deficits. He denies any other surgeries. In 2006, the patient sustained a gunshot wound to his left elbow with exit wound.

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

HISTORY & PHYSICAL

FAMILY HISTORY: The following information is obtained from medical chart from a previous outpatient clinic visit 1 year ago. His father, mother and siblings, all had alcoholism. His father had heart disease and his mother had asthma as well.

SOCIAL HISTORY: The patient is an ex-smoker. He quit 9 months ago when he was incarcerated. He has not had any alcohol or any drugs since that time.

ALLERGIES: None.

HOME MEDICATIONS: None.

REVIEW OF SYSTEMS: As noted above in HPI and is negative for fevers, chills, night sweats. Negative for chest pain. Negative for respiratory distress. Negative for nausea, vomiting, diarrhea. Negative for abdominal pain. Negative for headache, vision or hearing changes. Negative for dysuria, hematuria. Positive for left arm swelling, redness. Positive for decreased range of motion of the left upper extremity. Negative for allergies to medications. Remainder of review of systems negative for 10-point review of systems

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 98.1, heart rate 81, respiratory rate 20, blood pressure 157/85, O2 saturation 100% on room air.

GENERAL: The patient was in mild distress when I saw him. He is alert and oriented x3.

HEENT: Normocephalic, atraumatic. Moist mucous membranes. No nasal discharge. No conjunctival injection. Hearing is grossly intact. Vision is grossly intact.

NECK: Supple.

PULMONARY: Clear to auscultation. No respiratory distress.

CARDIAC: Regular rate and rhythm, no murmur. No chest wall tenderness.

ABDOMEN: Soft, nontender, nondistended. Normoactive bowel sounds.

EXTREMITIES: Warm and well perfused. He is currently shackled to the bed.

NEUROLOGIC: Unable to assess his gait and station. Neuro exam is otherwise grossly nonfocal in his cranial nerves.

SKIN: Significant for numerous tattoos all over his body including many over his face, neck and arms. His left elbow is very red and warm to touch and quite swollen. His entire left forearm is quite indurated and swollen compared to the right. His fingers are also swollen in comparison to the right hand. He is right-hand dominant. When I stroked his left forearm with a sharp object, he described a decreased sensation and was unable to appreciate a sharp touch in comparison to normal sensation on his right forearm. His range of motion is somewhat diminished in flexion of the left elbow due to pain and swelling.

LABORATORY STUDIES: WBC count 11.34, hemoglobin 13.8, platelets 308. Sodium 136, potassium 4.1, BUN 17, creatinine 0.88, glucose 94. CRP 119.

IMAGING STUDIES: Two-view x-ray of the left elbow 03/12/2017 shows residual and recurrent complex fluid collection in the posterolateral soft tissues of the elbow.

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

HISTORY & PHYSICAL

ASSESSMENT: Mr. Huffman is a 31-year-old gentleman who presents to the hospital with:

1. Septic elbow, left.
2. Elevated acute phase reactants, elevated CRP.
3. Elevated blood pressure without history of hypertension.
5. Mild leukocytosis.

PLAN:

1. The patient will be admitted to the hospitalist service as an inpatient status and I anticipate greater than 2 midnight length of stay.
2. He will be monitored on a med/surg floor.
3. The patient has had blood cultures and wound culture from his incision and drainage done by Dr. Crain already sent in the ER prior to antibiotics being administered.
4. He has received a dose of IV ceftriaxone and vancomycin in the ER which will be continued.
5. We will follow up pending labs.
6. Dr. Ratigan will be seeing the patient and likely taking him to the OR for exploratory surgery of the left elbow tonight at 9:00 p.m.
7. We will provide IV and p.o. pain medications, supportive care.
8. Further medical management will be predicated upon the patient's clinical course and review of pending studies.
9. VTE prophylaxis. We will hold off on any pharmacological prophylaxis as the patient is going to surgery in several hours.
10. Another hospitalist will assume care of the patient in the morning.

ve

03/12/2017 05:57 PM
03/12/2017 06:50 PM
001546179

Electronically Signed By: NIEMIEC MD, MONIKA on 03/12/2017 11:36 PM

CONSULTATION

Electronically Signed By:

NUTANKALVA MD, LAVANYA (3/13/2017 15:45 EDT)

Infectious Diseases
Beacon Health System

Patient: **HUFFMAN, JEREMY** MRN: **M0517993** FIN: **M1707100095**
Age: **31 years** Sex: **Male** DOB: **08/06/1985**
Associated Diagnoses: **None**
Author: **NUTANKALVA MD, LAVANYA**

Report Request ID: 77995240

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

CONSULTATION

Basic Information

Time Seen: Date & Time 03/13/17 12:00:00.
Source of history: Medical record, Patient.
History limitation: None.

History of Present Illness

31-year-old male, currently a prisoner in jail, who has had a longstanding history of left elbow issues. He comes to the emergency room today where concerns for an infected olecranon bursitis. He has an extensive history including a prior fracture of the left distal humerus back in 2007. He had an open reduction internal fixation with 2 plates located in the distal one-third of the humerus by Dr. Jeff Yergler. He had a good fracture recovery with well-healed bone following that surgery. He did well until nov 2016 when he developed swelling and pain in the left elbow area and MRI was done in 12/2016 which showed a fluid collection located along the posterolateral aspect of the elbow. the swelling gradually increased in size to golf ball size mass on the outside of his elbow, which was eventually aspirated and apparently biopsied according to the patient here at Memorial in early February. The records show he had aspiration and a biopsy I think of cartilage on 2/27/17 the cx which grew MSSA. But according to patient he never knew about the results and do not recall any antibx use.

This admission was with the history of having increased pain and redness and swelling for 1 week with drainage coming from the backside of the left elbow. Denies fever chills nausea vomiting chest pain diaphoresis dizziness shortness of breathe GI or GU symptoms. NO headaches

Complains of pain 7/10 at this time. He was assessed by ortho and was found to have:

Left elbow infected olecranon bursa with retained hardware from supracondylar elbow fracture and wound dehiscence and underwent Left elbow open excision of necrotic skin, irrigation and debridement of infected olecranon bursa, open removal of hardware, placement of VAC dressing on 3/13

ID team was asked to evaluate for antibx and infection

Review of Systems

10 point system review done and was found to be negative except as stated in HPI

Health Status

Allergies: NKDA

Histories

PAST MEDICAL AND SURGICAL HISTORY: The patient denies any chronic medical conditions such as diabetes, hypertension or cardiac disease.

In 2006, the patient sustained a gunshot wound to his left elbow with exit wound.

He did have a forearm laceration when he was making a wooden spear and cut himself with a filet knife. The left forearm was lacerated. Apparently sustained an injury to the medial nerve at that time and also some injury to the ulnar nerve was recorded as well. No surgery was done at that time.

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

CONSULTATION

FAMILY HISTORY: The following information is obtained from medical chart from a previous outpatient clinic visit 1 year ago. His father, mother and siblings, all had alcoholism. His father had heart disease and his mother had asthma as well.

SOCIAL HISTORY: The patient is an ex-smoker. He quit 9 months ago when he was incarcerated. He has not had any alcohol or any drugs since that time. States he has been tested for Hep B ,C and HIV last year and were found to be negative

Physical Examination

VS/Measurements

Vitals View

03/13/2017 12:00

Temperature Oral	98.1 DegF Normal
Pulse Rate	89 bpm Normal
Respiratory Rate	14 br/min
Systolic Blood Pressure	120 mmHg Normal
Diastolic Blood Pressure	62 mmHg Normal
Blood Pressure Source	Manual
Blood Pressure Cuff Location	Right upper arm
Pain Intensity	0
Oxygen Saturation	96 % Normal
Oxygen Therapy	Room air

General: Alert and oriented, Mild distress.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Normal conjunctiva.

HENT: Normocephalic, Normal hearing, Oral mucosa is moist, No pharyngeal erythema.

Neck: Supple, Non-tender, No carotid bruit, No jugular venous distention, No lymphadenopathy.

Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No gallop, Good pulses equal in all extremities, Normal peripheral perfusion, No edema.

Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.

Musculoskeletal

left arm in surgical dressing with the drain in place.

Integumentary: Warm, No pallor, No rash, extensive tattooing.

Neurologic: Alert, Oriented, Normal sensory, Normal motor function, No focal deficits, Cranial Nerves II-XII are grossly intact.

Cognition and Speech: Oriented, Speech clear and coherent.

Psychiatric: Cooperative, Appropriate mood & affect.

Review / Management

Results review:

Labs (Last four charted values)

WBC H 11.34 (MAR 12)

Hgb 13.8 (MAR 12)

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

CONSULTATION

Hct	41.9	(MAR 12)
Ptt	308	(MAR 12)
Na	136	(MAR 12)
K	4.1	(MAR 12)
CO2	25	(MAR 12)
Cl	L 97	(MAR 12)
Cr	0.88	(MAR 12)
BUN	17	(MAR 12)
Glucose Random	94	(MAR 12)

, pus cx from 2/7:

Final - -

Rare STAPHYLOCOCCUS AUREUS

Rare STAPHYLOCOCCUS AUREUS #2

Organism isolated in anaerobic culture

Intra op cx from 3/13: pending.

Diagnostic Findings: Pre-op left elbow xray

IMPRESSION: Prominent soft tissue swelling posterior and medial to the distal left humerus compatible with the clinical diagnosis of cellulitis. Stable appearance of the bony structures of the left elbow.

Intra-op left elbow xray

2 intraoperative fluoroscopic spot images demonstrate removal of the majority of the ORIF hardware from the distal left humerus.

Impression and Plan

1. Left elbow infected olecranon bursa with retained hardware from supracondylar elbow fracture and wound dehiscence.

s/p open excision of infected olecranon bursa and removal of hardware on 3/13/17 by Dr. Ratigan;

In this patient need to know if any hardware is still present as the xray intra op comments some hardware present but i am not sure if this is prior to removal of all the hardware as mentioned in the op note.

Stop ceftriaxone and start cefazolin. - changes done

Would continue vanc until the sensitivities are available.

In this patient who had MSSA infection documented in feb and as per patient no antibx being given I would have to assume infected left elbow with the infected hardware and the bone infection being present.

He will need at least 6 weeks of antibx. Initially 3 weeks of IV atleast and then later can be changed to oral.

2. Elevated CRP and mild leukocytosis- is due to #1

will monitor CRP, ESR every two weeks

CBC and BMP while on the antibx weekly

Electronically Signed By: NUTANKALVA MD, LAVANYA on 03/13/2017 03:45 PM

Report Request ID: 77995240

1/24/2019 13:13 EST

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Memorial Hospital of South Bend
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MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

CONSULTATION

Electronically Signed By:

RATIGAN M.D., BRIAN L (3/17/2017 10:01 EDT)

05

CONSULTATION

PATIENT: HUFFMAN, JEREMY

MRN: 517993

RM: 1131

DATE OF CONSULTATION: 03/12/2017

CONSULTANT: BRIAN RATIGAN, MD

ATTENDING: MONIKA NIEMIEC, MD

DOB: 08/06/1985

REASON FOR CONSULTATION: Left elbow pain and swelling, possible infection.

HISTORY OF PRESENT ILLNESS: Mr. Huffman is a 31-year-old male, currently a prisoner in jail, who has had a longstanding history of left elbow issues. He comes to the emergency room today where concerns for an infected olecranon bursitis and I was called for possible surgical consultation. When talking to the patient, there was much more of an extensive history including a prior fracture of the distal humerus back in 2007. He had an open reduction internal fixation with 2 plates located in the distal one-third of the humerus by Dr. Jeff Yergler. He had a good fracture recovery with well-healed bone following that surgery. When reviewing his chart in the computer, I found images dating back to 03/2013 x-rays of the elbow, as well as in 12/2016 an MRI was also done of the elbow that showed a fluid collection located along the posterolateral aspect of the elbow. He reported to me that he did have a golf ball size mass on the outside of his elbow, which was eventually aspirated and apparently biopsied according to the patient here at Memorial in early February. When reviewing the records, it does appear there was a guided biopsy done with results showing multiple possible findings including a cyst, fibrotic changes, possible abscess. Cultures at that time did show a few rare staph located as well. He does not report having had any antibiotics, at least when asked directly at this time, but he is unclear exactly what he was given. He said most of the time he was given ibuprofen. They did allow him to come back for a visit today after having increased pain for 1 week with drainage coming from the backside of the elbow. He said it was drained, but now it is red and warm to touch, which has been like this for approximately a week. He says since this past Monday is when he noticed an increase in redness and pain. Right now, he has decreased sensation in the left upper extremity with swollen fingers and decreased sensation as well.

PAST MEDICAL HISTORY: As mentioned above. He denies any other significant medical history, heart, lung, liver or kidneys. He did have a forearm laceration when he was making a wooden spear and cut himself with a filet knife. The left forearm was lacerated. Apparently sustained an injury to the medial nerve at that time and also some injury to the ulnar nerve was recorded as well. No surgery was done at that time.

PAST SURGICAL HISTORY: Includes in 2006, a gunshot wound to the left elbow.

FAMILY HISTORY: Denies any pertinent family history.

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

CONSULTATION

SOCIAL HISTORY: Ex-smoker, says he quit when he was placed in jail 9 months ago. No alcohol or drugs in that time period as well.

ALLERGIES: No known drug allergies.

HOME MEDICATIONS: None. He just takes an occasional ibuprofen.

REVIEW OF SYSTEMS: He denies any shortness of breath or chest pain. No fevers, chills, nausea, vomiting, other than the pain in the left upper extremity and numbness. He denies all other review of systems.

PHYSICAL EXAMINATION:

VITAL SIGNS: He is afebrile. Vitals are stable with a slightly elevated blood pressure.

EXTREMITIES: He has significant pain in the left elbow, but comfortable when not moving his arm. He is limited with his range of motion in the elbow as well. He is able to slightly wiggle his fingers and his thumb, but again says he has weakness in his hand chronically. With light touch, he does say he can feel where I touch into the fingers. He does not have a swollen left shoulder. He does have multiple tattoos throughout. There is a well-healed incision with slightly prominent keloiding posteriorly from his prior surgery.

X-rays of the elbow show proper position posterior distal humeral plate. There is a fluid collection noted, obvious soft tissue swelling noted as well.

IMPRESSION: Left elbow infected olecranon bursitis with possible intra-articular infection, undiagnosed without aspiration. Retained hardware.

PLAN: He was admitted to the hospitalist service with anticipation for surgical irrigation and debridement. Plan is to go to the operating room tonight and at the very least, excise the infected olecranon bursa along with copious irrigation and debridement. I am doubtful that the wound will be closed primarily given his length of time that he most likely has had this infection. It is likely that we will remove the hardware as well into the posterior humeral aspect due to the fact that if we leave this, it will unlikely optimize his outcome with retained metal hardware in the face of infection. His joint will be assessed as well with an intra-articular aspiration at some point during the case and the fluid will be assessed. If questionable at all, we will do an arthrotomy and irrigate the joint as well. The patient is understanding of the plan and wishes to proceed as soon as possible, especially given his significant discomfort.

hs

03/12/2017 09:47 PM

03/12/2017 11:38 PM

001546244

Electronically Signed By: RATIGAN M.D., BRIAN L on 03/17/2017 10:01 AM

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

OPERATIVE REPORT

Electronically Signed By:

MORTELL MD, KELLY E (4/4/2017 15:16 EDT)

IR Post Op Note - Mortell
Beacon Health System

Patient: HUFFMAN, JEREMY MRN: M0517993 FIN: M1707100095
Age: 31 years Sex: Male DOB: 08/06/1985
Associated Diagnoses: None
Author: MORTELL MD, KELLY E

(Instructions: Use F3 key to advance to next placeholder for documentation)

POST OPERATIVE NOTE:

Procedure: Aspiration of left elbow

PreOp Diagnosis: Effusion

PostOp Diagnosis: Same

Findings: A small left elbow joint effusion is present. This was aspirated under ultrasound guidance, and 3 mL of serosanguinous fluid was withdrawn and sent to the lab.

Surgeon: Kelly Mortell

Assistant(s): None

Estimated Blood Loss: ☐ None ☒ Minimal ☐ Other _

Specimen Removed: ☒ None ☐ Other _

Complications: ☒ None ☐ Other _

Optional Info:

Anesthesiologist: _

Type of Anesthesia: _

Electronically Signed By: MORTELL MD, KELLY E on 04/04/2017 03:16 PM

Electronically Signed By:

RATIGAN M.D., BRIAN L (3/17/2017 10:01 EDT)

04

OPERATIVE NOTE

PATIENT: HUFFMAN, JEREMY
MRN: 517993
FIN: 1707100095
PROCEDURE DATE: 03/13/2017
Report Request ID: 77995240

DICTATED BY: BRIAN RATIGAN, MD
ATTENDING: MONIKA NIEMIEC, MD
RM: 0834
DOB: 08/06/1985

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Left elbow infected olecranon bursa with retained hardware from supracondylar elbow fracture and wound dehiscence.

POSTOPERATIVE DIAGNOSIS: Left elbow infected olecranon bursa with retained hardware from supracondylar elbow fracture and wound dehiscence.

PROCEDURE PERFORMED: Left elbow open excision of necrotic skin, irrigation and debridement of infected olecranon bursa, open removal of hardware, placement of VAC dressing.

SURGEON: Brian Ratigan, MD

ANESTHESIOLOGIST: Kyle Strycker, MD

ANESTHESIA: General.

IV FLUIDS: 1000 mL Lactated Ringer's.

ESTIMATED BLOOD LOSS: 100 mL

DESCRIPTION OF PROCEDURE: Jeremy is a 31-year-old male currently incarcerated and brought in to the operating room chained to his bed at the ankle. His left elbow and arm were properly identified. Anesthesia was induced without difficulty. Antibiotics were administered prior to the start of the case, as he had already gotten antibiotics in the emergency room. His left arm was prepped and draped in the usual sterile fashion and the handcuffs were released from his legs while a police officer remained in the hallway during the case watching through the operative window the entire time.

His prior posterior incision was reopened. There was significant keloid that was excised. He also had dehiscence located coming off the mid portion of the incision and spreading laterally through necrotic thinned skin tissue. Significant amount of hematoma was evacuated at this time.

The lateral aspect of his elbow was significantly compromised with abundant necrotic tissue; thin-appearing muscular tissue along the lateral tricep was noted. There was scarring noted along the central portion of the triceps region from the prior triceps split at surgery from 2007. He has virtually no thickness to approximately 6 cm x 4 cm region of his posterior skin directly over the olecranon. This is the region of the body that thinned and opened throughout the night prior to surgery. This region was excised with sharp knife dissection to bleeding fresh edge tissue. We then copiously irrigated all the necrotic tissue and irrigated the entire open wound, along with debridement of the necrotic tissue circumferentially.

The lateral distal humeral plate was exposed through the necrotic triceps muscle. Therefore, the prior midline incision was utilized to expose both hardware and remove both plates. In the removal process of both plates, the screw heads were virtually all stripped and multiple screws broke off as the heads were removed. Screw

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OPERATIVE REPORT

removal kit from Synthes was utilized to remove each of the screws. After 1 of the screw heads broke off and the plate removed, the trephine was utilized to remove the remainder of the screw within the bone itself. However, after multiple screw heads broke off the many of the remaining screws, I elected not to trephine all of the screws, as this would have significantly compromised the bone, creating the need for a new open reduction internal fixation due to the trephined holes. Therefore, these imbedded screws were left, no screw heads or screw were prominent at this time. X-rays showed the embedded screws well-seated without signs of loosening.

This region of the bone was then copiously irrigated as well with pulse lavage irrigation. Six liters of pulse lavage irrigation was utilized at this time, with 3 liters having bacitracin included.

Following debridement, we then placed a medium VAC dressing to suction to help approximate the wound edges, as well as continued drainage.

The patient was then awakened from anesthesia and taken to the recovery room in stable condition.

mkw

03/13/2017 09:18 AM

03/13/2017 12:15 PM

001546443

Electronically Signed By: RATIGAN M.D., BRIAN L on 03/17/2017 10:01 AM

ER PHYSICIAN REPORT

10

EMERGENCY DEPARTMENT PHYSICIAN EVALUATION

PATIENT: HUFFMAN, JEREMY
MRN: 517993
FIN: 1707100095
ADM DATE: 03/12/2017

DICTATED BY: AOKO DORIS CRAIN, MD
ATTENDING: MONIKA NIEMIEC, MD
RM: 1131
DOB: 08/06/1985

HISTORICAL DATA: Jeremy is a 31-year-old male who presents in police custody with left upper extremity swelling. The patient reports that in 2006, he had a gunshot wound to his elbow and had surgery. He reports that about a year ago, he started having issues and developed what he was told was a ganglion cyst of his left elbow. He reports that he had some minor discomfort with that elbow until this past week. About a week ago, he started having pain and swelling. He noticed increased redness and then yesterday he noticed drainage. He denies any fevers, nausea, vomiting, chest pain or trouble breathing. He has been taking naproxen for pain.

PHYSICAL EXAMINATION: He is afebrile, pulse 81, respiratory rate 20, blood pressure 157/85, 100% on room air. He is alert and oriented x3, no acute distress. Oropharynx moist. Neck supple. Lungs are clear with

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615 N. Michigan St.
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MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

ER PHYSICIAN REPORT

easy work of breathing. Heart is regular rate and rhythm. Left upper extremity, he has a good radial pulse, good grip strength. He has swelling from about the proximal forearm to mid upper arm with overlying redness. He has most prominent swelling and tenderness over the left elbow with open wound right at the olecranon with scant serosanguineous drainage. There is increased warmth of that elbow. He is able to range the elbow about 45 degrees. Sensation is intact.

CLINICAL COURSE: The patient had x-ray showing recurrent or residual complex fluid collection in the posterior lateral soft tissue of the elbow. His labs revealed mild leukocytosis of 11. BMP normal. CRP 119 and sed rate also elevated at 72. The patient with what appears to be an infected bursitis with overlying cellulitis. The patient was consented for aspiration of the joint. He agreed and he was draped in sterile fashion using 1% lidocaine that was injected locally followed by aspiration with an 18-gauge needle. Aspirate was bloody, approximately 10 mL was drained and sent for culture. The patient was started on antibiotics, vancomycin and ceftriaxone. Blood cultures collected. I discussed the case with Dr. Brian Ratigan of orthopedic surgery. The patient will be taken to the OR this evening for washout and drainage. The patient admitted to the hospitalist service, Dr. Monika Niemiec in stable condition.

DIAGNOSTIC IMPRESSION: Left olecranon bursa infection.

hs

03/12/2017 06:10 PM
03/12/2017 06:51 PM
001546187

Electronically Signed By: CRAIN MD, AQKO D on 04/17/2017 05:19 PM

Prearrival Note

Pre-Arrival Summary

Name: Huffman, Jeremy

Current Date: 3/12/2017 14:24:03 EDT

Gender:

Date of Birth:

Age:

Pre-Arrival Type: Referral

ETA: 3/12/2017 14:03:00 EDT

Primary Care Physician:

Note Creator: GERSTBAUER RN, DAVID A

Referring Source:

Location: PreArr

PreArrival Communication Form

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MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

ER PHYSICIAN REPORT

Memorial Emergency Department

615 N. Michigan St.
South Bend, IN 46601

Additional Information:

Note taken by Dr. Webb. Pt. has h/o GSW to left elbow a few years ago. 2-3 months ago there has been swelling to the elbow. This patient is incarcerated. Want to rule out infection and to have someone to follow this problem.

DIAGNOSTIC

ACCESSION	PROCEDURE	EXAM DATE/TIME	ORDERING PROVIDER
DX-17-0034942	DX Elbow 2 Views LT	3/13/2017 08:11 EDT	NIEMIEC MD, MONIKA

Reason For Exam
(DX Elbow 2 Views LT) hardware removal w/ I & D

Radiology Rpt
3.6 seconds and 0.18 mGy of fluoroscopy was utilized by Dr. Ratigan on 3/13/2017.

2 intraoperative fluoroscopic spot images demonstrate removal of the majority of the ORIF hardware from the distal left humerus.

Rad Station: EGH-PACS-WKS6

*** Final ***

Interpreted by: VANDERVEEN M.D., KATRINA T

Electronically Signed By: VANDERVEEN M.D., KATRINA T, M.D.
on 03/13/2017 08:20

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DIAGNOSTIC

ACCESSION DX-17-0034952	PROCEDURE DX Elbow 2 Views LT	EXAM DATE/TIME 3/12/2017 16:40 EDT	ORDERING PROVIDER NIEMIEC MD, MONIKA
----------------------------	----------------------------------	---------------------------------------	-----------------------------------------

Reason For Exam
(DX Elbow 2 Views LT) evaluation for surgery

Radiology Rpt
Examination: Left elbow, 2 views

Dictation: Cellulitis; preoperative evaluation.

COMPARISON: March 18, 2013.

FINDINGS: There has been interval development of soft tissue swelling focally prominent posterior and medial to the distal left humerus and left elbow. Plate and screw fixation attached to the distal left humeral shaft is in stable position appearance with healed posttraumatic deformity of the distal left humeral shaft. Proximal radius and ulna are unremarkable. There is unchanged periosteal new bone formation seen along the lateral aspect of the distal humeral shaft. No air bubbles are seen in the soft tissues.

IMPRESSION: Prominent soft tissue swelling posterior and medial to the distal left humerus compatible with the clinical diagnosis of cellulitis. Stable appearance of the bony structures of the left elbow.

Rad Station: RWKS-2X

*** Final ***

Interpreted by: D'ANDREA MD, DAVID C

Electronically Signed By: D'ANDREA MD, DAVID C, MD
on 03/13/2017 09:27

INTERVENTIONAL

ACCESSION IR-17-0008321	PROCEDURE IR 20606 Asp/Inj Med Jt LT US	EXAM DATE/TIME 4/4/2017 15:17 EDT
----------------------------	--------------------------------------------	--------------------------------------

Reason For Exam
(IR 20606 Asp/Inj Med Jt LT US) septic elbow

Radiology Rpt
Ultrasound-guided aspiration of left elbow fluid collection

HISTORY: Small fluid collection seen posterior to the distal humerus after surgery

PROCEDURE:

Ultrasound demonstrates a very small amount of fluid posterior to the distal

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FIN: M1707100095

NAME: HUFFMAN, JEREMY

INTERVENTIONAL

Radiology Rpt

humerus. The overlying skin was prepped and draped according to standard sterile technique. Local anesthesia was given with 1% lidocaine. Under ultrasound visualization, access into the fluid was achieved with a 20-gauge needle. A total of 3 mL of serosanguineous fluid was aspirated and sent to the lab for analysis. The patient tolerated the procedure well, without evidence of immediate complication. Ultrasound images were saved to the patient's permanent medical record.

IMPRESSION:

Ultrasound-guided aspiration of small left elbow fluid collection yielding 3 mL of serosanguineous fluid.

Rad Station: IRWKS-2X

*** Final ***

Interpreted by: MORTELL MD, KELLY E

Electronically Signed By: MORTELL MD, KELLY E, MD
on 04/04/2017 16:02

MRI

MRI LEFT UPPER EXTREMITY WOW ***

MAGNETIC RESONANCE IMAGING CENTER
17333 Dugdale Drive, South Bend, Indiana 46635
(574) 272-9991 (888) 272-9991 Fax: (574) 271-9998 MRI Center at Memorial
HUFFMAN, JEREMY 189335
D.O.B. 08/06/1985

KATHRYN ZEHR, NP
615 N. MICHIGAN ST.
SOUTH BEND IN 46601

MRI LEFT UPPER EXTREMITY WOW ***
Exam Date: 03/31/2017

HISTORY: Left elbow pain. Wound infection. Hardware removal.

TECHNIQUE: T1, STIR, and T1 postcontrast axial, sagittal, and coronal images were obtained.

CONTRAST: 16 mL intravenous Multihance was administered.

COMPARISON: MRI dated December 19, 2016. Intraoperative films dated March 13, 2017.

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MRI

FINDINGS: Since the previous exam the plates and majority of the screws associated with the distal humerus have been removed. Five the residual fractured screws are noted within the distal humerus on plain film which results in artifact on the patient's MRI, somewhat limiting the exam. The previously noted lateral fluid collection has resolved. There is a new fluid collection posterior to the distal humerus measuring 7.4 cm cranial caudal, 0.9 cm AP, and 1.7 cm transverse. There is mild bone marrow edema of the anterior aspect of the capitellum which is new from previous exam and of uncertain etiology and significance. Bone marrow signal is otherwise within normal limits. The radial and ulnar collateral ligaments appear to be intact. No muscle tears or muscular atrophy is appreciated. There are postsurgical changes within the distal triceps tendon. The common flexor tendon and common extensor tendon are intact. The distal biceps tendon and brachialis tendon are intact.

IMPRESSION:

1. Interval hardware removal. Retained screws are noted within the distal humerus resulting in artifact somewhat limiting the exam.
2. There is a new fluid collection along the posterior aspect of the distal humerus which may represent a postoperative seroma. Infected fluid collection is not excluded. This may be amenable to aspiration under ultrasound or fluoroscopy if clinically indicated. The previously noted large lateral fluid collection has resolved.
3. There has been interval development of bone marrow edema of the anterior capitellum which is of uncertain etiology and significance. This may be due to degenerative changes, bone bruising, or chronic stress changes. Osteomyelitis is less likely.

REPORT READ BY:

MICHAEL GRANTHAM, M.D.

REPORT ELECTRONICALLY SIGNED BY:

MICHAEL GRANTHAM, M.D.

MG

CC:

REPORT APPROVED DATE AND TIME (VALID ONLY WHEN ELECTRONIC SIGNATURE PRESENT): 03/31/2017 10:15 AM

Page PAGE 1 of NUMPAGES 1

HEMATOLOGY

Collected Date	4/4/2017	3/28/2017	3/21/2017	3/14/2017	3/12/2017		
Collected Time	07:07 EDT	01:58 EDT	02:18 EDT	04:36 EDT	18:10 EDT		
Procedure						Units	Reference Range
WBC	6.64	9.02	6.94	10.37	11.34 ^H	x10(3)/mm3	[4.00-11.00]
RBC	4.39	3.87 ^L	4.16	3.31 ^L	4.72	x10(6)/mm3	[3.90-5.90]
Hemoglobin	11.9 ^L	10.5 ^L	11.7 ^L	9.3 ^L	13.8	gm/dL	[13.0-17.3]
Hematocrit	37.9 ^L	33.2 ^L	35.9 ^L	29.4 ^L	41.9	%	[39.0-53.0]
MCV	86.3	85.8	86.3	88.8	88.8	fL	[81.0-100.0]
MCH	27.1	27.1	28.1	28.1	29.2	pg	[27.0-34.0]
MCHC	31.4	31.6	32.6	31.6	32.9	gm/dL	[30.0-36.0]

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FIN: M1707100095

NAME: HUFFMAN, JEREMY

HEMATOLOGY

Collected Date	4/4/2017	3/28/2017	3/21/2017	3/14/2017	3/12/2017		
Collected Time	07:07 EDT	01:58 EDT	02:18 EDT	04:36 EDT	18:10 EDT		
Procedure						Units	Reference Range
Platelet	329	379	430	270	308	x10(3)/mm3	[130-470]
MPV	9.8 ^H	9.7 ^H	9.3 ^{LH}	9.9 ^H	10.1 ^H	fL	[9.4-12.4]
RDW	13.6 ^H	13.3 ^H	13.4 ^H	13.5 ^H	13.9 ^H	%	[12.2-15.2]
RDW-SD	43	42	42	44	45		
Neutro Auto	55.0	-	-	-	78.7	%	
Lymph Auto	33.3	-	-	-	7.5	%	
Mono Auto	6.5	-	-	-	12.4	%	
Eos Auto	4.7	-	-	-	1.2	%	
Basophil Auto	0.5	-	-	-	0.2	%	
Abs Neutro	3.66	-	-	-	8.92 ^H	x10(3)/mm3	[1.67-8.47]
Abs Lymph	2.21	-	-	-	0.85 ^L	x10(3)/mm3	[1.03-4.84]
Abs Mono	0.43	-	-	-	1.41 ^H	x10(3)/mm3	[0.27-0.98]
Abs Eos	0.31	-	-	-	0.14	x10(3)/mm3	[0.11-0.55]
Abs Basophil	0.03	-	-	-	0.02	x10(3)/mm3	[0.02-0.10]
NRBC%	-	0.0	0.0	0.0	-	%	[0.0-0.2]
Sed Rate	17 ^H	-	-	-	72 ^H	mm/hr	[0-15]

Interpretive Data

I1: MPV

A result of *0.00 for MPV is due to variation in platelet size where the instrument could not obtain an accurate measurement.

I2: RDW

A result of *0.00 for RDW indicates anisocytosis (size) that may be from a heterozygous population of cells and/or poikilocytosis (shape) typically seen in blood transfusions. Unable to report due to dimorphic RBC population.

CHEMISTRY

Collected Date	4/4/2017	3/28/2017	3/21/2017	3/17/2017	3/16/2017	3/15/2017		
Collected Time	07:07 EDT	01:58 EDT	02:18 EDT	02:30 EDT	02:56 EDT	00:10 EDT		
Procedure							Units	Reference Range
Sodium	136 ⁰¹	140 ⁰²	142 ⁰³	134 ^{L 04}	141 ⁰⁵	142 ⁰⁶	mmol/L	[136-145]
Potassium	4.2 ⁰¹	4.0 ⁰²	4.3 ⁰³	3.4 ^{L 04}	4.1 ⁰⁵	4.1 ⁰⁶	mmol/L	[3.5-5.1]
Chloride	99 ⁰¹	101 ⁰²	99 ⁰³	92 ^{L 04}	98 ⁰⁵	103 ⁰⁶	mmol/L	[98-107]
CO2	24 ⁰¹	26 ⁰²	27 ⁰³	29 ⁰⁴	32 ^{H 05}	28 ⁰⁶	mmol/L	[22-29]
AGAP	17 ^{01 B}	17 ^{02 B}	20 ^{03 B}	16 ^{04 B}	15 ^{05 B}	15 ^{06 B}	mmol/L	[6-22]
BUN	15 ⁰¹	15 ⁰²	18 ⁰³	10 ⁰⁴	11 ⁰⁵	8 ⁰⁶	mg/dL	[6-20]
Creatinine	0.94 ⁰¹	1.07 ⁰²	1.20 ⁰³	0.91 ⁰⁴	0.92 ⁰⁵	0.80 ⁰⁶	mg/dL	[0.70-1.20]
Glucose	92 ⁰¹	84 ⁰²	97 ⁰³	115 ^{H 04}	99 ⁰⁵	92 ⁰⁶	mg/dL	[70-106]
GFR (calc) African American	>60	>60	>60	>60	>60	>60	mL/min/1.73m ²	[>=60]
GFR (calc) Non African Am	>60 ^H	>60 ^H	>60 ^H	>60 ^H	>60 ^H	>60 ^H	mL/min/1.73m ²	[>=60]
Calcium	9.3 ⁰¹	8.9 ⁰²	9.1 ⁰³	9.1 ⁰⁴	9.2 ⁰⁵	8.4 ^{L 06}	mg/dL	[8.6-10.0]
Bili Total	<0.2 ⁰¹	-	-	-	-	-	mg/dL	[0.0-1.2]
Alk Phos	79 ⁰¹	-	-	-	-	-	U/L	[40-129]
SGOT/AST	46 ^{H 01}	-	-	-	-	-	U/L	[0-40]
SGPT/ALT	30 ⁰¹	-	-	-	-	-	U/L	[0-41]
Total Protein	6.9 ⁰¹	-	-	-	-	-	gm/dL	[6.6-8.7]
Albumin	4.3 ⁰¹	-	-	-	-	-	gm/dL	[3.5-5.2]
Globulin	3 ⁰¹	-	-	-	-	-		
A/G Ratio	1.7 ^{L 01}	-	-	-	-	-		[6.0-22.0]
C Reactive Prot Quant	0.54	-	-	-	-	-	mg/L	[0.00-4.90]

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MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

CHEMISTRY

Collected Date: 3/14/2017		3/12/2017		
Collected Time: 04:36 EDT		16:10 EDT		
Procedure			Units	Reference Range
Sodium	137 ⁰⁷	136	mmol/L	[136-145]
Potassium	4.8 ⁰⁹	4.1	mmol/L	[3.5-5.1]
Chloride	99 ⁰⁷	97 ¹	mmol/L	[98-107]
CO2	28 ⁰⁷	25	mmol/L	[22-29]
AGAP	15 ^{07 13}	18 ¹³	mmol/L	[6-22]
BUN	12 ⁰⁷	17	mg/dL	[6-20]
Creatinine	0.82 ⁰⁷	0.88	mg/dL	[0.70-1.20]
Glucose	98 ⁰⁷	94	mg/dL	[70-106]
GFR (calc) African American	>60	>60	mL/min/1.73m ²	[>=60]
GFR (calc) Non African Am	>60 ¹⁴	>60 ¹⁴	mL/min/1.73m ²	[>=60]
Calcium	8.3 ^{1 07}	9.1	mg/dL	[8.6-10.0]
Bili Total	<0.2 ⁰⁸	-	mg/dL	[0.0-1.2]
Bili Direct	<0.2 ⁰⁸	-	mg/dL	[0.0-0.3]
Alk Phos	75 ⁰⁸	-	U/L	[40-129]
SGOT/AST	17 ⁰⁸	-	U/L	[0-40]
SGPT/ALT	19 ⁰⁸	-	U/L	[0-41]
Total Protein	5.7 ^{1 08}	-	gm/dL	[6.6-8.7]
Albumin	3.4 ^{1 08}	-	gm/dL	[3.5-5.2]
C Reactive Prot Quant	-	119.70 ¹¹	mg/L	[0.00-4.90]

Order Comment

- O1: CMP Comprehensive Metabolic Panel
Albumin, Alkaline Phosphatase, Total Bilirubin, Calcium, CO2, Chloride, Creatinine, Glucose, Potassium, Total Protein, AST, ALT, Sodium, BUN
- O2: BMP Basic Metabolic Panel (BMP)
Calcium, CO2, Chloride, Creatinine, Glucose, Potassium, Sodium, BUN
- O3: BMP Basic Metabolic Panel (BMP)
Calcium, CO2, Chloride, Creatinine, Glucose, Potassium, Sodium, BUN
- O4: BMP Basic Metabolic Panel (BMP)
Calcium, CO2, Chloride, Creatinine, Glucose, Potassium, Sodium, BUN
- O5: BMP Basic Metabolic Panel (BMP)
Calcium, CO2, Chloride, Creatinine, Glucose, Potassium, Sodium, BUN
- O6: BMP Basic Metabolic Panel (BMP)
Calcium, CO2, Chloride, Creatinine, Glucose, Potassium, Sodium, BUN
- O7: BMP Basic Metabolic Panel (BMP)
Calcium, CO2, Chloride, Creatinine, Glucose, Potassium, Sodium, BUN
- O8: Hepatic Function Panel (Liver Function Panel)
Albumin, Alkaline Phosphatase, ALT, AST, Total Bilirubin, Total Protein, A/G Ratio (Calculated), Globulin (calculated)

Interpretive Data

- I3: AGAP
AGAP calculation = $[Na + K] - [Cl + CO2]$
- I4: GFR (calc) Non African Am
Accurate GFR(calc) requires stable level of kidney function. Chronic kidney disease indicated by GFR(calc) less than 60 mL/min/1.73m² for 3 or more months.

Moderate decrease in GFR(calc): 30-59

Severe decrease in GFR(calc): 15-29

Kidney failure in GFR(calc): <15

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

BLOOD GASES

Collected Date	3/12/2017	
Collected Time	16:56 EDT	
Procedure	Units	Reference Range
Specimen Delivery Route	Pneumatic Tube	

TOXICOLOGY

Collected Date	3/15/2017		
Collected Time	00:10 EDT		
Procedure	Units	Reference Range	
Vanco Tr	12.1	ug/mL	[10.0-20.0]

CLINICAL DATA

Collected Date	3/12/2017		
Collected Time	16:56 EDT		
Procedure		Units	Reference Range
Specimen Sent Date and Time	3/12/2017 16:56 EDT		

MICROBIOLOGY

PROCEDURE: Culture Anaerobic (includes smear) ACCESSION:
SOURCE: Aspirate BODY SITE: Elbow L
COLLECTED DATE/TIME: 4/4/2017 15:08 EDT RECEIVED DATE/TIME: 4/4/2017 17:25 EDT
START DATE/TIME: 4/4/2017 15:08 EDT FREE TEXT SOURCE:

FINAL REPORTS

Final Report
Verified Date/Time/Personnel:
No growth

PRELIMINARY REPORTS

Preliminary Report
No growth

INTERFACED REPORTS

Gram Stain RL
Verified Date/Time/Personnel:
10-25 PMN/LPF
No organisms seen.

Memorial Hospital of South Bend
615 N. Michigan St.
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MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

MICROBIOLOGY

PROCEDURE:	Culture Routine with Sensitivity if Indicated	ACCESSION:	
SOURCE:	Aspirate	BODY SITE:	Elbow L
COLLECTED DATE/TIME:	4/4/2017 15:08 EDT	RECEIVED DATE/TIME:	4/4/2017 17:25 EDT
START DATE/TIME:	4/4/2017 15:08 EDT	FREE TEXT SOURCE:	

*****FINAL REPORTS*****

Final Report
Verified Date/Time/Personnel:
No growth at 5 days.

*****PRELIMINARY REPORTS*****

Preliminary Report
No growth at 48 hours.

*****INTERFACED REPORTS*****

Gram Stain RL
Verified Date/Time/Personnel:
10-25 PMN/LPF
No organisms seen.

PROCEDURE:	Culture Routine w/ Sensitivity if Ind RL	ACCESSION:	
SOURCE:	Tissue	BODY SITE:	Elbow
COLLECTED DATE/TIME:	3/13/2017 08:30 EDT	RECEIVED DATE/TIME:	3/13/2017 09:53 EDT
START DATE/TIME:	3/13/2017 08:30 EDT	FREE TEXT SOURCE:	

PROCEDURE:	Culture Fungus Other Source (excludes Blood, Hair, Skin, Nails) ⁰⁹	ACCESSION:	
SOURCE:	Tissue	BODY SITE:	Elbow
COLLECTED DATE/TIME:	3/13/2017 08:30 EDT	RECEIVED DATE/TIME:	3/13/2017 18:01 EDT
START DATE/TIME:	3/13/2017 08:30 EDT	FREE TEXT SOURCE:	Tissue

*****FINAL REPORTS*****

Final Report
Verified Date/Time/Personnel:
No growth at 4 weeks.

*****PRELIMINARY REPORTS*****

Preliminary Report
No fungus isolated at 2 weeks.
4 weeks required for final negative report

*****INTERFACED REPORTS*****

KOH Prep
Verified Date/Time/Personnel:
No Yeast or Fungal elements observed

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

MICROBIOLOGY

Order Comment
09: Culture Fungus Routine
SBMF Accession:1707241836

PROCEDURE:	Culture Anaerobic (includes smear) ⁰¹⁰	ACCESSION:	
SOURCE:	Tissue	BODY SITE:	Elbow
COLLECTED DATE/TIME:	3/13/2017 08:30 EDT	RECEIVED DATE/TIME:	3/13/2017 09:53 EDT
START DATE/TIME:	3/13/2017 08:30 EDT	FREE TEXT SOURCE:	Tissue

*****FINAL REPORTS*****

Final Report
Verified Date/Time/Personnel:
No anaerobic organisms isolated.

*****PRELIMINARY REPORTS*****

Preliminary Report
No anaerobic organisms isolated.

*****INTERFACED REPORTS*****

Gram Stain RL
Verified Date/Time/Personnel:
<10 PMN/LPF
No organisms seen.

Order Comment
010: Culture Anaerobic (includes smear)
SBMF Accession:1707241838

PROCEDURE:	Culture Routine with Sensitivity if Indicated ⁰¹¹	ACCESSION:	
SOURCE:	Tissue	BODY SITE:	Elbow
COLLECTED DATE/TIME:	3/13/2017 08:30 EDT	RECEIVED DATE/TIME:	3/13/2017 09:53 EDT
START DATE/TIME:	3/13/2017 08:30 EDT	FREE TEXT SOURCE:	Tissue

*****FINAL REPORTS*****

Final Report
Verified Date/Time/Personnel:
Few STAPHYLOCOCCUS AUREUS NOT MRSA
See previous culture for MIC

*****PRELIMINARY REPORTS*****

Preliminary Report
Few STAPHYLOCOCCUS AUREUS
Susceptibility test to follow

*****INTERFACED REPORTS*****

Gram Stain RL
Verified Date/Time/Personnel:
<10 PMN/LPF
No organisms seen.

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FIN: M1707100095

NAME: HUFFMAN, JEREMY

MICROBIOLOGY

Order Comment

O11: Culture Routine with Sensitivity if Indicated (Aerobic Culture with Sensitivity if Indicated)
SBMF Accession:1707241837

PROCEDURE: Culture Routine with Sensitivity if Indicated
SOURCE: Cyst
COLLECTED DATE/TIME: 3/12/2017 16:55 EDT
START DATE/TIME: 3/12/2017 16:55 EDT
ACCESSION:
BODY SITE: Elbow L
RECEIVED DATE/TIME: 3/12/2017 20:27 EDT
FREE TEXT SOURCE:

*****SUSCEPTIBILITY RESULTS*****

Antibiotic	SA	MIC Interp	MDL	P MICht	P MICDI
Beta Lactamase			+		
Cefazolin		Susceptible			
Clindamycin		Susceptible			
Oxacillin		Susceptible			
Vancomycin		Susceptible	2		
Vancomycin Confirmed				Susceptible	1

PROCEDURE: Culture Routine with Sensitivity if Indicated
SOURCE: Cyst
COLLECTED DATE/TIME: 3/12/2017 16:55 EDT
START DATE/TIME: 3/12/2017 16:55 EDT
ACCESSION:
BODY SITE: Elbow L
RECEIVED DATE/TIME: 3/12/2017 20:27 EDT
FREE TEXT SOURCE: Cyst

*****FINAL REPORTS*****

Final Report

Verified Date/Time/Personnel:

Many STAPHYLOCOCCUS AUREUS

*****PRELIMINARY REPORTS*****

Preliminary Report

Many STAPHYLOCOCCUS AUREUS

Vancomycin MIC >=2ug/mL

confirmation to follow

*****INTERFACED REPORTS*****

Gram Stain RL

Verified Date/Time/Personnel:

>25 PMN/LPF

No organisms seen.

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

MICROBIOLOGY

PROCEDURE:	Culture Blood Routine ^{O12}	ACCESSION:	
SOURCE:	Blood	BODY SITE:	
COLLECTED DATE/TIME:	3/12/2017 16:20 EDT	RECEIVED DATE/TIME:	3/12/2017 18:07 EDT
START DATE/TIME:	3/12/2017 16:20 EDT	FREE TEXT SOURCE:	Blood

*****FINAL REPORTS*****

Final Report
Verified Date/Time/Personnel:
No growth at 5 days.

*****PRELIMINARY REPORTS*****

Preliminary Report
No growth at 2 days.

Order Comment

O12: Culture Blood Routine (Blood Culture Routine)
SBMF Accession:1707141891

PROCEDURE:	Culture Blood Routine ^{O13}	ACCESSION:	
SOURCE:	Blood	BODY SITE:	
COLLECTED DATE/TIME:	3/12/2017 16:10 EDT	RECEIVED DATE/TIME:	3/12/2017 18:07 EDT
START DATE/TIME:	3/12/2017 16:10 EDT	FREE TEXT SOURCE:	Blood

*****FINAL REPORTS*****

Final Report
Verified Date/Time/Personnel:
No growth at 5 days.

*****PRELIMINARY REPORTS*****

Preliminary Report
No growth at 2 days.

Order Comment

O13: Culture Blood Routine (Blood Culture Routine)
SBMF Accession:1707141890

DISCHARGE PROCESS

Discharge PowerForm MH Entered On: 4/14/2017 13:06
Performed On: 4/14/2017 13:04 by TEIXEIRA RN, SADIE E

Discharge Information MH

Mode of Discharge : Ambulatory
Teach Back Performed : No-N/A for patient
Teach Back Reasons Not Done : Other: going to Jail

TEIXEIRA RN, SADIE E - 4/14/2017 13:04

Discharge Plan

Discharge Plan per Social Service : Jail / Prison
Discharge Planned for : 4/14/2017 17:00

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

TEIXEIRA RN, SADIE E - 4/14/2017 13:04

Discharge Requirements MH

Advance Directive : No
Influenza Vaccine Age Criteria : Patient has NOT had Influenza Vaccine this season
Pneumococcal Vaccine Age Criteria : Patient has NOT had Pneumococcal Vaccine previously.
Smoking Status : Former smoker
Pneumococcal Age and Criteria : Age 19-64 and meets Criteria?
Influenza Vaccine Contraindications : None Identified
Pneumococcal Age Criteria Met : Yes
Pneumococcal Vaccine Contraindications : None Identified
Influenza Candidate : Patient Refuses
Pneumococcal Candidate : Patient Refuses
Medicare Patient : No
Problem Entry : MEDICAL Problem or Diagnosis Present
Home on Coumadin w/w VTE or PE : No

TEIXEIRA RN, SADIE E - 4/14/2017 13:04

Valuables/Belongings Disposition

Physical Assistive Devices : None
Glasses / Contacts : None
Hearing Aid : None
Dentures / Orthodontics : None
Jewelry : None
Electronic Devices : None
Clothes : Routine Clothing
Physical Assistive Devices Disposition : NA
Glasses / Contacts Disposition : NA
Hearing Aid Disposition : NA
Denture / Orthodontics Disposition : NA
Jewelry Disposition : NA
Electronic Devices Disposition : NA
Clothes Disposition : Patient
Valuables to Safe : No
Safe Valuables Disposition : NA
Meds in Nsg Office Disposition : NA

TEIXEIRA RN, SADIE E - 4/14/2017 13:04

Clinical Summary

Beacon Health System
Memorial Hospital of South Bend
615 N. Michigan St., South Bend, IN 46601
www.beaconhealthsystem.org
Emergency Department Clinical Summary

Name: HUFFMAN, JEREMY

Current Date: 03/12/17 18:32:34

DOB: 8/06/1985 12:00 AM

MRN: M0517993

FIN: M1707100095

Address: 811 BLUE JAY LN MISHAWAKA IN 46544

Phone: (574) 298-1890

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Memorial Hospital of South Bend
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South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

Allergy Info: NKA

Reason For Visit: L ARM CYST

Arrival Date: 3/12/2017 2:12 PM

Discharge Date:

Primary Care Provider:

Name: NO DOCTOR - ER, ER

Phone:

Emergency Department Provider:

Dr. A. CRAIN

Discharge Diagnosis:

Diagnoses This Visit

No Visit Diagnoses Documented

Prescriptions:

PRESCRIPTION(S)

No Electronic Prescriptions were created.

Handwritten Prescriptions

Emergency Department Tracking Data:

Dr Exam	03/12/17 15:26
Decision to Admit by Dr:	03/12/17 17:46
ED Departure Time:	03/12/17 18:32

The following is a list of follow-up instructions, prescriptions and patient education materials:

Follow-up Instructions:

Patient Education Materials:

Medication Leaflets:

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Memorial Hospital of South Bend
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South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

The following procedures and tests were performed during this ED visit:

Completed Lab Tests:

Name	Ordering Physician	Result (Normal Low - Normal High)
CBC with Differential	CRAIN MD, AOKO D	<ul style="list-style-type: none"> • Abs Lymph: 0.85 Low (1.03 - 4.84) • Mono Auto: 12.4 N/A • Abs Mono: 1.41 High (0.27 - 0.98) • Eos Auto: 1.2 N/A • Abs Eos: 0.14 Normal (0.11 - 0.55) • Basophil Auto: 0.2 N/A • Abs Basophil: 0.02 Normal (0.02 - 0.10) • CBC Autoverification: 0 N/A • WBC: 11.34 High (4.00 - 11.00) • RBC: 4.72 Normal (3.90 - 5.90) • Hemoglobin: 13.8 Normal (13.0 - 17.3) • Hematocrit: 41.9 Normal (39.0 - 53.0) • MCV: 88.8 Normal (81.0 - 100.0) • MCH: 29.2 Normal (27.0 - 34.0) • MCHC: 32.9 Normal (30.0 - 36.0) • RDW: 13.9 Normal (12.2 - 15.2) • RDW-SD: 45 N/A • Platelet: 308 Normal (130 - 470) • MPV: 10.1 Normal (9.4 - 12.4) • Neutro Auto: 78.7 N/A • Abs Neutro: 8.92 High (1.67 - 8.47) • Lymph Auto: 7.5 N/A
BMP Basic Metabolic Panel	CRAIN MD, AOKO D	<ul style="list-style-type: none"> • BUN: 17 Normal (6 - 20) • Creatinine: 0.88 Normal (0.70 - 1.20) • Sodium: 136 Normal (136 - 145) • Potassium: 4.1 Normal (3.5 - 5.1) • Chloride: 97 Low (98 - 107) • CO2: 25 Normal (22 - 29) • Calcium: 9.1 Normal (8.6 - 10.0) • Glucose: 94 Normal (70 - 106) • AGAP: 18 Normal (6 - 22)
Sedimentation Rate	CRAIN MD, AOKO D	<ul style="list-style-type: none"> • Sed Rate: 72 High (0 - 15)

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

C Reactive Protein Quantitative	CRAIN MD, AOKO D	• C Reactive Prot Quant: 119.70 High (0.00 - 4.90)
GFR	SYSTEM	• GFR (calc) African American: >60 Normal (>=60 -) • GFR (calc) Non African Am: >60 Normal (>=60 -)

Completed Radiology Studies:

Name	Ordering Physician	Results Summary
DX Elbow 2 Views RT	CRAIN MD, AOKO D	Residual/recurrent complex fluid collection in the posterolateral soft tissues of the elbow. Recommend correlation with results from recent biopsy/aspiration.

Pending Lab Results:

There were no pending labs to report.

Pending Radiology Orders:

There were no pending radiology studies to report.

Immunizations:

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

Beacon Health System
Memorial Hospital of South Bend
615 N. Michigan St, South Bend, IN 46601
www.qualityoflife.org
Home Discharge Instructions

HUFFMAN, JEREMY
08/06/1985 M 31Y
MRN: 517993

03/12/2017
1707100095

Name: HUFFMAN, JEREMY **DOB:** 08/06/1985
Current Date: 04/14/17 13:06:58 **Admit Date:** 03/12/2017
MRN: M0517993 **FIN:** M1707100095

Allergies: NKA

Reason For Admission: SEPTIC ELBOW

Diagnoses This Visit

Major depressive disorder, single episode, unspecified (F32.9)

Memorial Hospital would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your care after leaving the hospital.

Discharge Orders:
Discharge Activity

Activity: As Tolerated

Discharge Diet

Resume Home Diet

Med Leaflet Names:

Additional Medication Information:

Discharge Medication List

Scheduled / Routine Medication(s)

(New Prescription) amoxicillin-clavulanate (Augmentin 875 mg-125 mg oral tablet) 1

Name HUFFMAN, JEREMY

1 of 9

FIN M1707100095

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

tab(s) orally every 12 hours for 13 day(s)

Last Dose Taken: *none given in hospital* **Next Dose Due:** _____

Prescription was printed.

(New Prescription) buPROPion (buPROPion 300 mg/24 hours (XL) oral tablet, extended release) 1 tab(s) orally once a day

Last Dose Taken: 04/14/17 10:00 am **Next Dose Due:** 04/15/17 09:00 am

Prescription was printed.

* The Next Dose Due is based on the time the medications were administered in the hospital.
Please consult your physician if you need to adjust the times.

Medication Information:

- Please take your medications as ordered.
- Notify your healthcare provider if you experience any side effects or other difficulties with your medications.
- You can obtain additional information about your medications from your pharmacist and from reliable internet sources, such as, the website DRUGS.COM.
- Always carry a current list of all the medications you take. Include medication name, dosage, and frequency of medication. Also include each of your allergies along with each vaccine you have received and when.

Immunizations

No Immunizations Documented This Visit

Pending Lab Tests - Please call your Primary Care Physician for results:

Name HUFFMAN, JEREMY

2 of 9

FIN M1707100095

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

There were no pending labs to report.

Follow-up Instructions:

With:	Address:	When:
BRIAN RATIGAN	53880 CARMICHAEL DRIVE SOUTH BEND, IN 46635 (574) 247-9441 Business (1)	

Comments:

Call Office for Appointment

With:	Address:	When:
LAVANYA NUTANKALVA	BMG CENTENNIAL NEIGHBORHOOD HEALTH CENTER, 621 MEMORIAL DR STE 402 SOUTH BEND, IN 46601 (574) 647-2500 Business (1)	In 2 weeks 04/21/2017

Comments:

Call ooffice to set up follow up appointment.

With:	Address:	When:
Follow up with primary care provider		

Comments:

Call for any issues not related to hospitalization

Name HUFFMAN, JEREMY

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FIN M1707100095

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

Contact your Healthcare Provider if you have any questions about your care after leaving the hospital.

Patient Education Materials:

Constipation in Adults related to pain medication (Custom); Seroma; Olecranon Bursitis

Constipation in Adults

Constipation is having fewer than 2 bowel movements per week. Usually, the stools are hard. As we grow older, constipation is more common. If you try to fix constipation with laxatives, the problem may get worse. This is because laxatives taken over a long period of time make the colon muscles weaker. A low fiber diet, not taking in enough fluids, and taking some medications may all make these problems worse.

SOME MEDICATIONS WHICH MAY CAUSE CONSTIPATION ARE:

Water pills (<i>diuretics</i>).	Anticholinergics.
Calcium channel blockers (a medication used for controlling blood pressure and used for the heart).	Anti-inflammatory agents.
Narcotics (certain pain medications).	Antacids which contain aluminum.

SOME DISEASES WHICH CONTRIBUTE TO CONSTIPATION ARE:

Diabetes.	Strokes.
Parkinson's disease.	Depression.
Dementia (the mind is not working properly).	Illnesses that cause difficulties with salt and water metabolism.

HOME CARE INSTRUCTIONS

Constipation is usually best cared for without medications. Increasing dietary fiber and eating more fruits and vegetables is best to manage constipation.

Slowly increase fiber intake to 25-38 grams/day. Whole grains, fruits, vegetables, and legumes are good sources of fiber. A Registered Dietitian can further help you incorporate high fiber foods into your diet.

Drink at least 8 cups of fluid daily when eating high fiber foods to prevent further constipation.

A fiber supplement may be added to your diet if you cannot get enough fiber from foods.

Increasing your activities also helps improve regularity.

Suppositories, as suggested by your caregiver, will also help stimulate the colon to empty. If you are using antacids, such as aluminum or calcium containing products, which cause constipation, it will be helpful to switch to products containing magnesium if your caregiver has no objections.

If you have been given an enema today, this is only a temporary measure. It should not be relied on for treatment of longstanding (*chronic*) constipation. If enemas are used long term, they will weaken the colon muscles. This will make constipation worse.

Stronger measures such as magnesium sulfate should be avoided if possible. This may cause uncontrollable diarrhea. Using magnesium sulfate may not allow you time to make it to the bathroom.

SEEK IMMEDIATE MEDICAL CARE IF:

Name HUFFMAN, JEREMY

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FIN M1707100095

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

There is bright red blood in the stool.
The constipation stays for more than 4 days.
There is belly (*abdominal*) or rectal pain along with the constipation.
You do not seem to be getting better.
You have any questions or concerns.

MAKE SURE YOU:

Understand these instructions.
Will watch your condition.
Will get help right away if you are not doing well or get worse.

Document Released: 09/15/2005 Document Re-Released: 11/30/2009
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Seroma

A seroma is a collection of fluid that looks like swelling or a mass on the body. Seromas form on the body where tissue has been injured or cut. They are most common after surgeries. Seromas vary in size. Some are small and painless. Others may become large and cause pain or discomfort. Many seromas go away on their own; the fluid is naturally absorbed by the body. Some may require the fluid to be drained through medical procedures.

CAUSES

Seromas form as the result of damage to tissue or the removal of tissue. This tissue damage may occur during surgery or because of an injury or trauma. When tissue is disrupted or removed, empty space is created. The body's natural defense system causes fluid to enter the empty space and form a seroma.

SYMPTOMS

- Swelling at the site of a surgical cut (*incision*) or an injury.
- Drainage of clear fluid at the surgery or injury site.
- Possible discomfort or pain.

DIAGNOSIS

Your caregiver will perform a physical exam. During the exam, the caregiver will press on the seroma using a hand or fingers (*palpation*). Various tests may be ordered to help confirm the diagnosis. These tests may include:

- Blood tests.
- Imaging tests such as ultrasonography or computed tomography (CT).

TREATMENT

Sometimes seromas resolve on their own and drain naturally in the body. Your caregiver may monitor you to make sure the seroma does not cause any complications.

If your seroma does not resolve on its own, treatment may include:

- Using a needle to drain the fluid from the seroma (*needle aspiration*).
- Inserting a flexible tube (*catheter*) to drain the fluid.
- Applying a dressing, such as an elastic bandage or binder.
- Use of antibiotic medicines if the seroma becomes infected.

Name HUFFMAN, JEREMY

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FIN M1707100095

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

- In rare cases, surgery may be done to remove the seroma and repair the area.

HOME CARE INSTRUCTIONS

- Follow your caregiver's instructions regarding activity levels and any limitations on movements.
- Only take over-the-counter or prescription medicines as directed by your caregiver.
- If your caregiver prescribes antibiotics, take them as directed. Finish them even if you start to feel better.
- Check your seroma every day for redness, warmth, or yellow drainage.
- Follow up with your caregiver as directed.

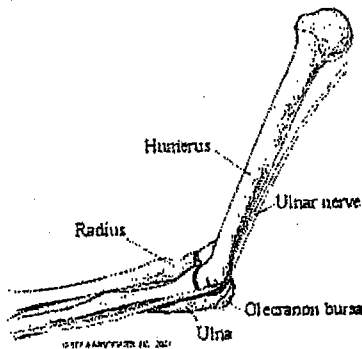
SEEK MEDICAL CARE IF:

- You develop a fever.
- You have pain, tenderness, redness, or warmth at the site of the seroma.
- You notice yellow drainage coming from the site of the seroma.
- Your seroma is getting bigger.

Document Released: 04/14/2014 Document Reviewed: 04/14/2014
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Olecranon Bursitis

Bursitis is swelling and soreness (*inflammation*) of a fluid-filled sac (*bursa*) that covers and protects a joint. Olecranon bursitis occurs over the elbow.



CAUSES

Bursitis can be caused by injury, overuse of the joint, arthritis, or infection.

SYMPTOMS

- Tenderness, swelling, warmth, or redness over the elbow.
- Elbow pain with movement. This is greater with bending the elbow.
- Squeaking sound when the bursa is rubbed or moved.
- Increasing size of the bursa without pain or discomfort.
- Fever with increasing pain and swelling if the bursa becomes infected.

HOME CARE INSTRUCTIONS

Name HUFFMAN, JEREMY

6 of 9

FIN M1707100095

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

- Put ice on the affected area.
- Put ice in a plastic bag.
- Place a towel between your skin and the bag.
- Leave the ice on for 15-20 minutes each hour while awake. Do this for the first 2 days.
- When resting, elevate your elbow above the level of your heart. This helps reduce swelling.
- Continue to put the joint through a full range of motion 4 times per day. Rest the injured joint at other times. When the pain lessens, begin normal slow movements and usual activities.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Reduce your intake of milk and related dairy products (cheese, yogurt). They may make your condition worse.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your pain increases even during treatment.
- You have a fever.
- You have heat and inflammation over the bursa and elbow.
- You have a red line that goes up your arm.
- You have pain with movement of your elbow.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 01/17/2008 Document Revised: 03/11/2013 Document Reviewed: 12/02/2008
ExitCare® Patient Information ©2014 ExitCare, LLC.

Comments:

General Instructions:

- Eat a healthy diet. When restrictions are lifted, exercise 30 minutes per day. For any sudden onset of chest pain or shortness of breath, consult your physician.

For Patients who use Alcohol Products:

- Limit your Alcohol intake.

Heart Failure Patients:

- Weigh yourself daily first thing in the morning. Notify your physician if weight gain of 2-3 lbs overnight or 5 lbs in a week and for any shortness of breath or swelling in legs, ankles, or belly.

Name HUFFMAN, JEREMY

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FIN M1707100095

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

Surgery or Procedure Patients:

- Notify physician if pain increases, if temp over 101, for new wound drainage or if it increases or becomes foul smelling.

Stroke Education: If you were told you had a stroke or TIA: Call 9-1-1 immediately if you have signs and symptoms of a stroke:

- New numbness or weakness on one side of the body (can't move one arm or leg)
- New numbness or weakness of the face (mouth drops on one side)
- New difficulty in understanding or talking clearly
- New problems seeing out of one or both eyes
- New difficulty with walking, balance, or coordination of movement
- New feelings of dizziness
- Very bad headache

Risk factors for stroke include:

- High blood pressure, Tobacco use, Physical inactivity, Obesity, Abnormal lipids, Irregular heart rhythm, Diabetes, Excessive alcohol consumption, and illegal drug use

Special Instructions for Stroke/TIA:

- Take all of your Medications as prescribed by your doctor, including your blood pressure medicine
- Manage your blood sugar
- Manage your weight
- Be physically active every day
- Do not smoke
- Do not drink alcohol excessively
- Do not use illegal drugs
- Keep all of your appointments with your doctors

You are invited to sign up for *myBeacon* - the new online health record
myBeacon allows you to:

- Check selected lab and radiology results from hospital visits
- View current medications
- See immunization history, known allergies and ongoing health issues
- Download and share a summary of your medical record

Sign up today at myhealthmybeacon.com

Name HUFFMAN, JEREMY

8 of 9

FIN M1707100095

HUFFMAN, JEREMY
8/6/1985

M0517993; AA2081390
M1707100095

* Auth (Verified) *

This Home Discharge Instruction document and any attached documents have been reviewed with me. I have had all of my questions answered. A copy of this document and its attachments were provided to me.

Patient / Guardian Signature _____ Date/Time 04/14/17 13:06:58

Nurse Sign _____ Date/Time 04/14/17 13:06:58

Name HUFFMAN, JEREMY

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FIN M1707100095

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

Patient Summary

**Beacon Health System
Memorial Hospital of South Bend
615 N. Michigan St, South Bend, IN 46601
www.qualityoflife.org
Home Discharge Instructions**

Name: HUFFMAN, JEREMY **DOB:** 08/06/1985
Current Date: 04/14/17 13:07:02 **Admit Date:** 03/12/2017
MRN: M0517993 **FIN:** M1707100095

Allergies: NKA

Reason For Admission: SEPTIC ELBOW

Diagnoses This Visit

Major depressive disorder, single episode, unspecified (F32.9)

Memorial Hospital would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your care after leaving the hospital.

Discharge Orders:

Discharge Activity

Discharge Diet

Activity: As Tolerated

Resume Home Diet

Med Leaflet Names:

Additional Medication Information:

Discharge Medication List

Scheduled / Routine Medication(s)

(New Prescription) amoxicillin-clavulanate (Augmentin 875 mg-125 mg oral tablet) 1 tab(s)
orally every 12 hours for 13 day(s)

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
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NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

Last Dose Taken: *none given in hospital* **Next Dose Due:** _____
Prescription was printed.

(New Prescription) buPROPion (buPROPion 300 mg/24 hours (XL) oral tablet, extended release) 1 tab(s) orally once a day

Last Dose Taken: 04/14/17 10:00 am **Next Dose Due:** 04/15/17 09:00 am
Prescription was printed.

* The Next Dose Due is based on the time the medications were administered in the hospital.
Please consult your physician if you need to adjust the times.

Medication Information:

- Please take your medications as ordered.
- Notify your healthcare provider if you experience any side effects or other difficulties with your medications.
- You can obtain additional information about your medications from your pharmacist and from reliable internet sources, such as, the website DRUGS.COM.
- Always carry a current list of all the medications you take. Include medication name, dosage, and frequency of medication. Also include each of your allergies along with each vaccine you have received and when.

Immunizations

No Immunizations Documented This Visit

Pending Lab Tests - Please call your Primary Care Physician for results:

There were no pending labs to report.

Follow-up Instructions:

With:

Address:

When:

Report Request ID: 77995240

1/24/2019 13:13 EST
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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

BRIAN RATIGAN 53880 CARMICHAEL DRIVE
SOUTH BEND, IN 46635
(574) 247-9441 Business (1)

Comments:

Call Office for Appointment

With:	Address:	When:
LAVANYA NUTANKALVA	BMG CENTENNIAL NEIGHBORHOOD HEALTH CENTER, 621 MEMORIAL DR STE 402 SOUTH BEND, IN 46601 (574) 647-2500 Business (1)	In 2 weeks 04/21/2017

Comments:

Call office to set up follow up appointment.

With:	Address:	When:
Follow up with primary care provider		
Comments:		
Call for any issues not related to hospitalization		

Contact your Healthcare Provider if you have any questions about your care after leaving the hospital.

Patient Education Materials:

Constipation in Adults related to pain medication (Custom); Seroma; Olecranon Bursitis

Constipation in Adults

Constipation is having fewer than 2 bowel movements per week. Usually, the stools are hard. As we grow older, constipation is more common. If you try to fix constipation with laxatives, the problem may get worse. This is because laxatives taken over a long period of time make the colon muscles weaker. A low fiber diet, not taking in enough fluids, and taking some medications may all make these problems worse.

SOME MEDICATIONS WHICH MAY CAUSE CONSTIPATION ARE:

Ø Water pills (*diuretics*). Ø Anticholinergics.

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DISCHARGE PROCESS

- Ø Calcium channel blockers (a medication used for controlling blood pressure and used for the heart).
- Ø Narcotics (certain pain medications).
- Ø Anti-inflammatory agents.
- Ø Antacids which contain aluminum.

SOME DISEASES WHICH CONTRIBUTE TO CONSTIPATION ARE:

- Ø Diabetes.
- Ø Parkinson's disease.
- Ø Dementia (the mind is not working properly).
- Ø Strokes.
- Ø Depression.
- Ø Illnesses that cause difficulties with salt and water metabolism.

HOME CARE INSTRUCTIONS

- Ø Constipation is usually best cared for without medications. Increasing dietary fiber and eating more fruits and vegetables is best to manage constipation.
 - 1 Slowly increase fiber intake to 25-38 grams/day. Whole grains, fruits, vegetables, and legumes are good sources of fiber. A Registered Dietitian can further help you incorporate high fiber foods into your diet.
 - 1 Drink at least 8 cups of fluid daily when eating high fiber foods to prevent further constipation.
- Ø A fiber supplement may be added to your diet if you cannot get enough fiber from foods.
- Ø Increasing your activities also helps improve regularity.
- Ø Suppositories, as suggested by your caregiver, will also help stimulate the colon to empty. If you are using antacids, such as aluminum or calcium containing products, which cause constipation, it will be helpful to switch to products containing magnesium if your caregiver has no objections.
- Ø If you have been given an enema today, this is only a temporary measure. It should not be relied on for treatment of longstanding (*chronic*) constipation. If enemas are used long term, they will weaken the colon muscles. This will make constipation worse.
- Ø Stronger measures such as magnesium sulfate should be avoided if possible. This may cause uncontrollable diarrhea. Using magnesium sulfate may not allow you time to make it to the bathroom.

SEEK IMMEDIATE MEDICAL CARE IF:

- Ø There is bright red blood in the stool.
- Ø The constipation stays for more than 4 days.
- Ø There is belly (*abdominal*) or rectal pain along with the constipation.
- Ø You do not seem to be getting better.
- Ø You have any questions or concerns.

MAKE SURE YOU:

- Ø Understand these instructions.
- Ø Will watch your condition.
- Ø Will get help right away if you are not doing well or get worse.

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

Document Released: 09/15/2005 Document Re-Released: 11/30/2009

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Seroma

A seroma is a collection of fluid that looks like swelling or a mass on the body. Seromas form on the body where tissue has been injured or cut. They are most common after surgeries. Seromas vary in size. Some are small and painless. Others may become large and cause pain or discomfort. Many seromas go away on their own; the fluid is naturally absorbed by the body. Some may require the fluid to be drained through medical procedures.

CAUSES

Seromas form as the result of damage to tissue or the removal of tissue. This tissue damage may occur during surgery or because of an injury or trauma. When tissue is disrupted or removed, empty space is created. The body's natural defense system causes fluid to enter the empty space and form a seroma.

SYMPTOMS

- Swelling at the site of a surgical cut (*incision*) or an injury.
- Drainage of clear fluid at the surgery or injury site.
- Possible discomfort or pain.

DIAGNOSIS

Your caregiver will perform a physical exam. During the exam, the caregiver will press on the seroma using a hand or fingers (*palpation*). Various tests may be ordered to help confirm the diagnosis. These tests may include:

- Blood tests.
- Imaging tests such as ultrasonography or computed tomography (CT).

TREATMENT

Sometimes seromas resolve on their own and drain naturally in the body. Your caregiver may monitor you to make sure the seroma does not cause any complications.

If your seroma does not resolve on its own, treatment may include:

- Using a needle to drain the fluid from the seroma (*needle aspiration*).
- Inserting a flexible tube (*catheter*) to drain the fluid.
- Applying a dressing, such as an elastic bandage or binder.
- Use of antibiotic medicines if the seroma becomes infected.
- In rare cases, surgery may be done to remove the seroma and repair the area.

HOME CARE INSTRUCTIONS

- Follow your caregiver's instructions regarding activity levels and any limitations on movements.
- Only take over-the-counter or prescription medicines as directed by your caregiver.
- If your caregiver prescribes antibiotics, take them as directed. Finish them even if you start to feel better.

Report Request ID: 77995240

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615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

- Check your seroma every day for redness, warmth, or yellow drainage.
- Follow up with your caregiver as directed.

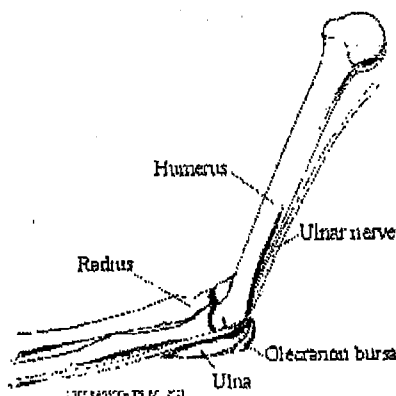
SEEK MEDICAL CARE IF:

- You develop a fever.
- You have pain, tenderness, redness, or warmth at the site of the seroma.
- You notice yellow drainage coming from the site of the seroma.
- Your seroma is getting bigger.

Document Released: 04/14/2014 Document Reviewed: 04/14/2014
ExitCare® Patient Information ©2014 ExitCare, LLC.

Olecranon Bursitis

Bursitis is swelling and soreness (*inflammation*) of a fluid-filled sac (*bursa*) that covers and protects a joint. Olecranon bursitis occurs over the elbow.



CAUSES

Bursitis can be caused by injury, overuse of the joint, arthritis, or infection.

SYMPTOMS

- Tenderness, swelling, warmth, or redness over the elbow.
- Elbow pain with movement. This is greater with bending the elbow.
- Squeaking sound when the bursa is rubbed or moved.
- Increasing size of the bursa without pain or discomfort.
- Fever with increasing pain and swelling if the bursa becomes infected.

HOME CARE INSTRUCTIONS

- Put ice on the affected area.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.

Report Request ID: 77995240

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Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

- Leave the ice on for 15-20 minutes each hour while awake. Do this for the first 2 days.
- When resting, elevate your elbow above the level of your heart. This helps reduce swelling.
 - Continue to put the joint through a full range of motion 4 times per day. Rest the injured joint at other times. When the pain lessens, begin normal slow movements and usual activities.
 - Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
 - Reduce your intake of milk and related dairy products (cheese, yogurt). They may make your condition worse.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your pain increases even during treatment.
- You have a fever.
- You have heat and inflammation over the bursa and elbow.
- You have a red line that goes up your arm.
- You have pain with movement of your elbow.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 01/17/2008 Document Revised: 03/11/2013 Document Reviewed: 12/02/2008
ExitCare® Patient Information ©2014 ExitCare, LLC.

Comments:

General Instructions:

- Eat a healthy diet. When restrictions are lifted, exercise 30 minutes per day. For any sudden onset of chest pain or shortness of breath, consult your physician.

For Patients who use Alcohol Products:

- Limit your Alcohol intake.

Heart Failure Patients:

- Weigh yourself daily first thing in the morning. Notify your physician if weight gain of 2-3 lbs overnight or 5 lbs in a week and for any shortness of breath or swelling in legs, ankles, or belly.

Surgery or Procedure Patients:

Report Request ID: 77995240

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615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

- Notify physician if pain increases, if temp over 101, for new wound drainage or if it increases or becomes foul smelling.

Stroke Education: If you were told you had a stroke or TIA: Call 9-1-1 immediately if you have signs and symptoms of a stroke:

- New numbness or weakness on one side of the body (can't move one arm or leg)
- New numbness or weakness of the face (mouth drops on one side)
- New difficulty in understanding or talking clearly
- New problems seeing out of one or both eyes
- New difficulty with walking, balance, or coordination of movement
- New feelings of dizziness
- Very bad headache

Risk factors for stroke include:

- High blood pressure, Tobacco use, Physical inactivity, Obesity, Abnormal lipids, Irregular heart rhythm, Diabetes, Excessive alcohol consumption, and illegal drug use

Special Instructions for Stroke/TIA:

- Take all of your Medications as prescribed by your doctor, including your blood pressure medicine
- Manage your blood sugar
- Manage your weight
- Be physically active every day
- Do not smoke
- Do not drink alcohol excessively
- Do not use illegal drugs
- Keep all of your appointments with your doctors

You are invited to sign up for *myBeacon* - the new online health record
myBeacon allows you to:

- Check selected lab and radiology results from hospital visits
 - View current medications
 - See immunization history, known allergies and ongoing health issues
 - Download and share a summary of your medical record
- Sign up today at myhealthmybeacon.com**
-

Memorial Hospital of South Bend
615 N. Michigan St.
South Bend, IN 46601

MRN: M0517993; AA2081390
FIN: M1707100095

NAME: HUFFMAN, JEREMY

DISCHARGE PROCESS

This Home Discharge Instruction document and any attached documents have been reviewed with me. I have had all of my questions answered. A copy of this document and its attachments were provided to me.

Patient / Guardian Signature _____ Date/Time 04/14/17 13:07:02

Nurse Sign _____ Date/Time 04/14/17 13:07:02

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Huffman Sr. O.C.A. # 113741 7.5.17 6212
Inmate Name Date Cell

REQUEST

- ☐ Make Barber Shop Appointment ☐ Request Release of Property
☐ Request to speak with Chaplain ☒ Request to speak with Inmate Services
☐ Request Special Family Visit ☐ Request to speak with Commissary
☐ Other Request (Be Specific About Reason for Request)

Mrs. Coleman,

I need to get claim papers and the
papers needed to file a complaint for
a U.S.C. 1983 civil suit.

Thank You

Also, I need to make copies of some
things.

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

Mr. Huffman,
attached you will find the documents you requested.
Can I come to pick up the documents you need copied?

COLLECTED BY DEPUTY

Miller K.

P.E.#

1842

DATE

7.5.17

RESPONSE BY DEPUTY

Miss Coleman

P.E.#

DATE

7.7.17

Exhibit 9



Memorial
Hospital of South Bend

517993
Place Label Here
1707100095

**AUTHORIZATION FOR THE USE OR DISCLOSURE
OF PROTECTED MEDICAL INFORMATION**

PT/Ship/Bill

PATIENT IDENTIFICATION

PATIENT INFORMATION			
NAME <u>Jeremy Huffman Sr.</u>	TELEPHONE ()	PREVIOUS ADMISSION NAME, IF DIFFERENT	
ADDRESS <u>401 W. Sample St.</u>	BIRTH DATE <u>8/6/85</u>	MR #	
CITY/STATE/ZIP <u>South Bend, IN 46601</u>	DATES OF SERVICE FROM <u>Dec 2016</u> TO <u>April 2017</u>		
Person(s) or class of persons authorized to receive the information: Name: <u>Jeremy Huffman Sr.</u> Address: <u>401 W. Sample St.</u> City/State/Zip: <u>South Bend, IN 46601</u>			
Description of information that may be used and disclosed: <input checked="" type="checkbox"/> Entire Chart <input type="checkbox"/> Face Sheet <input type="checkbox"/> Discharge Summary <input type="checkbox"/> History & Physical <input type="checkbox"/> Consult Report(s) <input type="checkbox"/> Laboratory Report(s) <input type="checkbox"/> Radiology Report(s) <input type="checkbox"/> Operative Report(s) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Abstract only: Discharge Summary, History & Physical, Operative Report, Laboratory, Radiology, Consults, EKGs			
The information will be used and disclosed for the following purposes: <input checked="" type="checkbox"/> Personal Use <input type="checkbox"/> Attorney/Legal <input type="checkbox"/> Continuing Patient Care <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____			
DELIVERY METHOD: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Patient will pick up when ready <input type="checkbox"/> Review chart in person <input type="checkbox"/> CD			
I understand that the health information described above may be disclosed by the recipient and the information may no longer be protected by federal privacy regulations. I understand that Memorial Hospital of South Bend may receive compensation for the use and disclosure of the information. I understand that Memorial Hospital of South Bend will not condition my ability to obtain treatment on the provision of this Authorization. This Authorization request does not apply to any dates of service beyond date of signature. I understand that I may revoke this Authorization in writing at any time by writing to Medical Records Department – Memorial Hospital of South Bend unless action has been taken in reliance upon this Authorization. This Authorization expires 60 days from the date it is signed by me. I understand that the medical information released may contain information concerning treatment of physical and/or emotional illness, drug and/or alcohol abuse, mental health, communicable disease, HIV, AIDS or AIDS-related illness. I understand there is a charge for copying medical records at a fee of \$20.00 up to ten (10) pages and \$.50 for each additional page, plus postage. These charges do not apply for copies requested for continuing medical care. By signing this Authorization, I acknowledge that I have read and understand this Authorization. Further, I authorize the use or disclosure of my health information in accordance with the terms of this Authorization.			
SIGNATURE OF PATIENT, GUARDIAN OR LEGAL REPRESENTATIVE <u>Jeremy Huffman Sr.</u>		DATE SIGNED <u>4/5/17</u>	TIME <u>2:30 pm</u>
NAME OF GUARDIAN OR LEGAL REPRESENTATIVE		RELATIONSHIP TO PATIENT	

☐ Check here if you are a Memorial Hospital/Beacon Health System employee.

☒ Patient was given a copy of this Authorization.

RECEIVED APR 19 2017 Original - Medical Records Copy - Patient

1130 / 59 5/5/17
4:19:17 KC



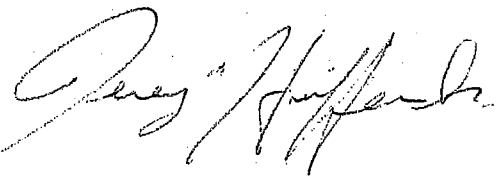
575501

B157471352

Memorial Hospital of South Bend

To whom it may concern, (Records division) 5/2/17
 My name is Jeremy Huffman Sr. I recently submitted an authorization for the release of medical information under my name so that I could receive (by mail) my entire chart of information between the dates of December of 2016 and April 2017. I am currently incarcerated at the St. Joseph County Jail and have been back from the ~~hosp~~ hospital for a little over two weeks. I was wondering if there had been a mix up or a mistake somewhere along the way that has prevented me from obtaining my medical records. If not, and your office has just been busy then I will understand. If so, then please advise me as to how I can have my chart mailed to me at the jail. I still have the carbon copy of the original release of information that I filled out on 4/5/2017 if that would help. It is important that I receive this documentation in a timely manner. Your time and assistance is greatly appreciated.

Thank You



Also, I would like a copy of this very letter, or the letter itself returned to me as well.

On 4-19-17 1130pm was

Sent and tracked for delivery 4/26/17. Not sure if package was too large. This is all the pertinent information.

Thank you

Mailroom

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Huffman Sr. O.C.A. # 113741 5/10/17 F031
Inmate Name Date Cell

REQUEST

#3017

- ☐ Make Barber Shop Appointment ☐ Request Release of Property
☐ Request to speak with Chaplain ☐ Request to speak with Inmate Services
☐ Request Special Family Visit ☐ Request to speak with Commissary
☒ Other Request (Be Specific About Reason for Request)

Mrs. Hahn,
Please swing by my cell this morning (5/11/17) as I have a few questions concerning stamp to weight ratio for mail and also I was supposed to receive a large package of 1130 pages from Memorial Hospital on or about 4-26-17. The hospital personnel told me it was sent and tracked for delivery on that date. I need to know where this package went.

Thank You.

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

Mr. Huffman-

I checked w/ nursing and they do not have your package.

It may be Memorial Hospital should check w/ the post office to track your package.

COLLECTED BY DEPUTY

Boni

P.E.# 1873 DATE 5/10/17

RESPONSE BY DEPUTY

Hahn

P.E.# 1512 DATE 5/11/17

Lynn

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Huffman Sr. O.C.A. # 113741 5/11/17 FC31
 Inmate Name Date Cell

REQUEST

- ☐ Make Barber Shop Appointment ☐ Request Release of Property
☐ Request to speak with Chaplain ☐ Request to speak with Inmate Services
☐ Request Special Family Visit ☐ Request to speak with Commissary
☐ Other Request (Be Specific About Reason for Request)

HRN Lynn,
 My chart from Memorial Hospital was sent from the hospital on 4/19/17 addressed to me, here at the jail. It was tracked for delivery on 4/26/17. The package was large as it contained 1130 pages of confidential records and information. I believe your medical staff received the package that was meant for me by mistake. There was an invoice form included that it must send to family and get returned with payment. I have been billed for the documents and shipping of this chart. Please make sure your office did not receive this package by mistake. Please respond in writing and return copy. Thank you.

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

As we spoke about, I contacted HIM @ MHSB and they stated your records were returned. Medical Records will call me to let me know if they can resend or if a family member can pick them up.

Lynn H

5-11-17

COLLECTED BY DEPUTY _____ P.E.# _____ DATE ____/____/____

RESPONSE BY DEPUTY _____ P.E.# _____ DATE ____/____/____

Sergeant Fisher

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Hoffman

Inmate Name

O.C.A. #

113741

Date

4/18/17

Cell

FD31

REQUEST☐ Make Barber Shop Appointment☐ Request Release of Property☐ Request to speak with Chaplain☐ Request to speak with Inmate Services☐ Request Special Family Visit☐ Request to speak with Commissary☒ Other Request (Be Specific About Reason for Request)

Sergeant Fisher,

I filed 2 grievances on 2/27/2017.

Both concerning the lack of proper medical treatment to my left elbow and have not recieved either of them back. Please address these grievances accordingly or inform me that you never recieved them so I can re-write them and try to obtain result again.

Thank you

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

GV 2-17-118 was returned to you on 3-1-17

GV 2-17-119 was returned to you on 3-14-17

Sgt Fisher

134

COLLECTED BY DEPUTY

Hoffman

P.E.#

1288

DATE

4/18/17

RESPONSE BY DEPUTY

P.E.#

DATE

/ /

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Huffman Sr. O.C.A.# 113741 4,27,2017 F031
Inmate Name Date Cell

REQUEST

- ☐ Make Barber Shop Appointment ☐ Request Release of Property
☐ Request to speak with Chaplain ☐ Request to speak with Inmate Services
☐ Request Special Family Visit ☐ Request to speak with Commissary
☒ Other Request (Be Specific About Reason for Request)

May I please have a copy of GV 2-17-119
as it was already at the hospital on 3/14/17
when it was returned to my cell. I left on
3/12/17 and did not receive a copy. Sorry to
keep bothering you. Thank You.

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

Copy Given on 4/28/17

KB #742/1595

COLLECTED BY DEPUTY

M. Meyer

P.E.# 1852 DATE 4,27,17

RESPONSE BY DEPUTY

KB

P.E.# 1515 DATE 4,28,17

Exhibit 12

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy H. Brown Sr.
Inmate Name

O.C.A. # 113741

7.5.17
Date

6212
Cell

REQUEST

☐ Make Barber Shop Appointment

☐ Request Release of Property

☐ Request to speak with Chaplain

☐ Request to speak with Inmate Services

☐ Request Special Family Visit

☐ Request to speak with Commissary

☒ Other Request (Be Specific About Reason for Request)

Lynn,
Since I cannot have access to my medical
records without an attorney, can you please
at least tell me all the dates that I saw
the physicians here at the jail dating back to
the beginning of 2016 please?

Thank You

Please return a copy of this request as well.

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

It was my understanding you
you have received your medical records
already. Are you talking about here or there

COLLECTED BY DEPUTY _____ P.E.# _____ DATE 7/5/17

RESPONSE BY DEPUTY _____ P.E.# _____ DATE 7/5/17

ST. JOSEPH COUNTY JAIL INMATE GRIEVANCE

Grievance # CON 17-17-82

A grievance is a complaint related to a rule or procedure, complaint of oppression or misconduct by an employee in administering such rules. It can also be a complaint about another inmate. A personal dispute between inmates or inmates and staff is not considered a grievable matter.

Jeremy Huffman Jr. 113741 7/11/17 A511
INMATE NAME O.C.A. # DATE CELL

Grievance filed against: Deputy Fettig / 3rd shift nurse on 7/8/17 in A-pod

Description of complaint: On 7/8/17 I was in A511 and ask via intercom for Deputy Fettig to call the nurses and inform them that I needed an early dressing change ~~and~~ because my ~~wound~~ bandage was falling apart and it was still early in the evening. She said she would and never did! Upon arrival of evening meds, I informed the nurse of my issue and showed him it was falling apart and my wound was uncovered. He said he would get me taken care of asap and never did. I awoke the following morning with my ~~band~~ bandage off my wound and reported to Nurse Stephanie for a change where I was told that my scar was inflamed and filled with blood.
Inmate Signature: Jeremy Huffman Jr.

Fill out the grievance form in detail, if extra space is needed please use the back of this form. An inmate may state a grievance concerning any matter he/she feels is unjust and not in keeping with jail standards. The statement must be factual and this form must be signed. All grievances will be forwarded to the grievance chairman. Responses to grievances will be made as soon as possible.

Officer receiving grievance: Ma P.E. # 1873 Date: 7/13/17

Action Taken: _____ P.E. # _____ Date: _____

Action Taken: _____ P.E. # _____ Date: _____

Response to inmate: Deputy Fettig did not work in A-pod on 7/8/17. At 9:30 pm that night you were logged back into your cell from medical meaning you went out to the Nursing Station.

1413

It is documented that you came to medical in the computer log. Your wound had a small collection of fluid under the newly formed skin. We talked about this when I changed your dressing.

Staff member resolving grievance: N. Lynn P.E. # _____ Date: 7-24-17

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORMJeremy Hoffman Sr
Inmate Name

J.C.A. # 113741

7/28/17
DateA511
CellREQUEST☐ Make Barber Shop Appointment☐ Request Release of Property☐ Request to speak with Chaplain☐ Request to speak with Inmate Services☐ Request Special Family Visit☐ Request to speak with Commissary☐ Other Request (Be Specific About Reason for Request)

Lynn,

Can I please have the dates that I saw the physicians here at the jail as far back as the beginning of 2016?

Thank You

No need to have Julie Lanson respond for you. I sent her one of her own.

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

You will have to have an attorney subpoena the records. All our older records are kept at BHV so we do not have all your records here.

Lynn

7-31-17

COLLECTED BY DEPUTY

M Talley

P.E.# 1430

DATE 7/28/17

RESPONSE BY DEPUTY

P.E.#

DATE / /

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Hoffman
Inmate Name

O.C.A. # 113741

Date

7/28/17

Cell

A511

REQUEST

☐ Make Barber Shop Appointment

☐ Request Release of Property

☐ Request to speak with Chaplain

☐ Request to speak with Inmate Services

☐ Request Special Family Visit

☐ Request to speak with Commissary

☐ Other Request (Be Specific About Reason for Request)

Mrs. Lawson, ~~referring to~~ (referring to a request I sent on 7/5/17)
I most definitely would not be asking
permission for access to medical records I
already had; ~~my~~ records from ~~anywhere~~
that is outside your facility or Beacon would
not be under your control or the control
of the medical staff. I was obviously talking
about medical records from here. Will you please
give me the dates I saw the physicians here
AT THE JAIL since as far back as January
2016?

Thank You

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

The medical records are not the property
of the jail. All medical records
belong to Beacon Health. I cannot
access those files.

7/28/17

COLLECTED BY DEPUTY

M. Foley

P.E.#

1430

DATE

7/28/17

RESPONSE BY DEPUTY

P.E.#

DATE

1/1/

EXHIBIT 16

Inmate Name

Cell

Date 7/20/17 Time 3:00 pm

Medical Request Can I please
have my P.M. dressing
change? I have only been
refusing in the morning and
still have not had it change
for 5 days.

Response: Once a day dressing
changes are in the morning.

Lynn

7-24-17

Signed

Date

Time

St. Joseph County Jail Nursing Office

Form No. 7103

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Hoffman Sr. O.C.A. # 113741 8/15/17 A571
Inmate Name Date Cell

REQUEST

- ☐ Make Barber Shop Appointment ☐ Request Release of Property
☐ Request to speak with Chaplain ☐ Request to speak with Inmate Services
☐ Request Special Family Visit ☐ Request to speak with Commissary
☐ Other Request (Be Specific About Reason for Request)

Lynn,
As you informed me on a recent grievance I filed, my visits to medical are logged into the computer. This information is available without having to access medical records. I need the DATES that I saw the physicians here at the jail since the beginning of 2016. I know you can provide those dates without violating any privacy laws or procedures. The dates are logged into the computer outside of the medical records.
Thank You

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

They are logged into the computer by custody staff and medical has NO access to that computer system.

Lynn
8-17-16

COLLECTED BY DEPUTY M Jaley P.E.# 1430 DATE 8/15/17
RESPONSE BY DEPUTY _____ P.E.# _____ DATE / /

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 INDIANA POLITICAL SUBDIVISION
 RISK MANAGEMENT COMMISSION
 311 W. WASHINGTON ST, STE 300
 INDIANAPOLIS, IN 46204



9590 9403 0947 5223 2561 03

2. Article Number (Transfer from service label)

7016 0910 0000 9027 2965

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

AUG 02 2017

STATE OF INDIANA

DEPT. OF INSURANCE

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SHERIFF MICHAEL GRZEGOREK
 401 W. SAMPLE STREET
 SOUTH BEND, IN 46601



9590 9403 0947 5223 2560 97

2. Article Number (Transfer from service label)

7016 0910 0000 9027 2958

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery (0)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TORT CLAIMS INVESTIGATIONS
 GOVERNMENT CENTER SOUTH,
 5TH FLOOR
 302 W. WASHINGTON STREET
 INDIANAPOLIS, IN 46204



9590 9403 0947 5223 2561 10

2. Article Number (Transfer from service label)

7016 0910 0000 9027 2941

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Huffman Sr.
Inmate Name

O.C.A. # 113241

8, 15, 17
Date

A511
Cell

REQUEST

☐ Make Barber Shop Appointment

☐ Request Release of Property

☐ Request to speak with Chaplain

☒ Request to speak with Inmate Services

☐ Request Special Family Visit

☐ Request to speak with Commissary

☐ Other Request (Be Specific About Reason for Request)

Miss Coleman,

Can you please provide me with the
paperwork so that I can file for the
Freedom of Information Act.

Thank You.

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

Mr. Huffman,

Not familiar with the Act or the paper's.

COLLECTED BY DEPUTY

M. Foley

P.E.#

1430

DATE

8, 15, 17

RESPONSE BY DEPUTY

Miss Coleman

P.E.#

DATE

8, 16, 17

Exhibit 21

INMATE PUBLIC SERVICE

Inmate Name Jeremy Huffman Sr.

OCA# 13741 Cell A511

Date 8-18-17

Acct Balance 15.13

☐ Banking

☐ Child Guardianship

☐ Power of Attorney

☐ Auto

☒ Legal work

☒ Other Copies

Miss Coleman #1201

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORMJeremy Huffman
Inmate NameO.C.A. # 113741-10Date 8/16/17Cell A511**REQUEST**☐ Make Barber Shop Appointment☐ Request Release of Property☐ Request to speak with Chaplain☐ Request to speak with Inmate Services☐ Request Special Family Visit☐ Request to speak with Commissary☐ Other Request (Be Specific About Reason for Request)**RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:**Mr. Huffman,

I tried to locate your request slip regarding your request for
copies. I can't find it, if you don't request it back at
the conclusion of your visit, I don't hold on to it.

Again if you feel that you should have received a copy of
your paper-work to send home to your family, please write

The Warden or the assistant warden, if your request is approved, I will

COLLECTED BY DEPUTY _____

P.E.# _____ DATE 8/16/17RESPONSE BY DEPUTY Miss ColemanP.E.# _____ DATE 8/16/17

I will
make
copies for
you.

Exhibit 23

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Hoffman Sr.
Inmate Name

O.C.A. # 113741

8/16/17
Date

A571
Cell

REQUEST

☐ Make Barber Shop Appointment

☐ Request Release of Property

☐ Request to speak with Chaplain

☒ Request to speak with Inmate Services

☐ Request Special Family Visit

☐ Request to speak with Commissary

☐ Other Request (Be Specific About Reason for Request)

Miss Coleman,
Will you please pull me out to make
copies again? This time I'm sure it is legal
documentation.

Thank You

RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

COLLECTED BY DEPUTY

Van Vynckt

P.E.#

1861

DATE

08

16

2017

RESPONSE BY DEPUTY

P.E.#

DATE

/

/

/

Grievance #

Jeremy Huffman Sr.	113741	8, 16, 17	A511
INMATE NAME	O.C.A. #	DATE	CELL

Grievance filed against: Mrs. Coleman (Inmate Services)

Description of complaint: On August 16, 2017 at approx 12:15 to 12:20 I was called down to inmate services to have copies of certified mail receipts for security purposes on a legal matter. Mrs Coleman told me that I could not have them copied because it was against the rules. She informed me that certified mail receipts are not legal documents and the only copies I was allowed to have made had to be legal documents.

Inmate Signature:

Fill out the grievance form in detail, if extra space is needed please use the back of this form. An inmate may state a grievance concerning any matter he/she feels is unjust and not in keeping with jail standards. The statement must be factual and this form must be signed. All grievances will be forwarded to the grievance chairman. Responses to grievances will be made as soon as possible.

Chairman. Responses to grievances will be made as soon as possible.

Officer receiving grievance: B. J. B. P.E. # 1823 Date: 8/16/17

Action Taken: _____ **P.E. #** _____ **Date:** _____

Action Taken: _____ **P.E. #** _____ **Date:** _____

Response to inmate: _____

Staff member resolving grievance: _____ P.E. # _____ Date: _____

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

ST. JOSEPH COUNTY JAIL INMATE GRIEVANCEGrievance # Capt ON 8-17-84

A grievance is a complaint related to a rule or procedure, complaint of oppression or misconduct by an employee in administering such rules. It can also be a complaint about another inmate. A personal dispute between inmates or inmates and staff is not considered a grievable matter.

Jerome Hiffman Sr. 113741 8,16,17 A511
INMATE NAME O.C.A. # DATE CELL

Grievance filed against: Mrs. Coleman (Inmate Services)

Description of complaint: On August 16, 2016 at approx. 12:15
to 12:20 I was called down to inmate services
to have copies of certified mail receipts for
security purposes on a legal matter. Mrs. Coleman
told me that I could not have them copied because
it was against the rules. She informed me
that certified mail receipts are not legal documents
and the only copies I was allowed to make
had to be legal documents.

Inmate Signature: [Signature]

Fill out the grievance form in detail, if extra space is needed please use the back of this form. An inmate may state a grievance concerning any matter he/she feels is unjust and not in keeping with jail standards. The statement must be factual and this form must be signed. All grievances will be forwarded to the grievance chairman. Responses to grievances will be made as soon as possible.

Officer receiving grievance: BOBRENP.E. # 1853Date: 8/16/17

Action Taken: _____

P.E. # _____

Date: _____

Action Taken: _____

P.E. # _____

Date: _____

Response to inmate: _____

INMATE SERVICES IS NOT A PHOTO-COPY SERVICE FOR
DOCUMENTS UNRELATED TO AN INMATE'S CURRENT
CRIMINAL MATTERS.

PHOTO-COPY OF DOCUMENTS PERTAINING TO CIVIL
CASES & PERSONAL MATTERS NEED TO BE DONE BY
FRIENDS, FAMILY OR ATTORNEY OF THE INMATE.
CERTIFIED MAIL RECEIPTS ARE NOT "LEGAL"
DOCUMENTS.

Staff member resolving grievance: CAPT. S. RICHMONDP.E. # 1703Date: 08-18-17

Copy to: Inmate, Grievance Chairman, Classification File, Jail Commander

ORIGINAL

Exhibit 26

ST. JOSEPH COUNTY JAIL INMATE REQUEST FORM

Jeremy Huffman Sr. O.C.A. # 113741 8/17/17 A511
Inmate Name Date Cell

REQUEST

- ☐ Make Barber Shop Appointment ☐ Request Release of Property
☐ Request to speak with Chaplain ☒ Request to speak with Inmate Services
☐ Request Special Family Visit ☐ Request to speak with Commissary
☐ Other Request (Be Specific About Reason for Request)

Miss Coleman,
I don't understand why you refused to
copy my certified mail receipts. They are
domestic return receipts from the United States Postal
service that are specifically meant to prove paid
for services rendered by the federal postal service
for security and legal purposes. Please explain
why I cannot pay to have them copied. I
must understand why sending copies home for
extra security reasons is not considered a legitimate
reason. THIS IS A SERIOUS LEGAL MATTER!

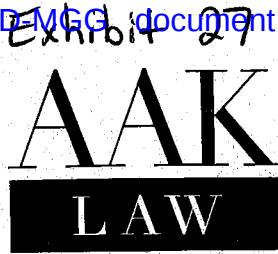
RESPONSE OF STAFF MEMBER RESPONDING TO INMATE REQUEST:

Thank you please. return this
with a response.

Mr. Huffman,
Write to the Warden or the Assistant Warden regarding this
matter. I explained to you more than once why I couldn't
make copies for you.

COLLECTED BY DEPUTY Archer P.E.# 1560 DATE 8/17/17

RESPONSE BY DEPUTY Miss Coleman P.E.# DATE 8/21/17



Edward W. Hardig

Michael J. Anderson

Peter J. Agostino

Scott M. Keller

Michael P. Misch**

Frank J. Agostino, of Counsel

Gaylen W. Allsop, Retired

Bernard E. Edwards, Jr.

Loris P. Zappia

Mark F. James

Bradley P. Colborn

Tracey S. Schafer

Jonathan A. Watson⁺

Stephanie L. Nemeth⁺

Eli A. Wax

* Also Licensed in IL

+ Also Licensed in MI

September 27, 2017

Jeremy Huffman, Sr. (#127265)
c/o Elkhart County Corrections Center
26861 CR 26
Elkhart, IN 46517

Re: Tort Claim Notice

Dear Mr. Huffman:

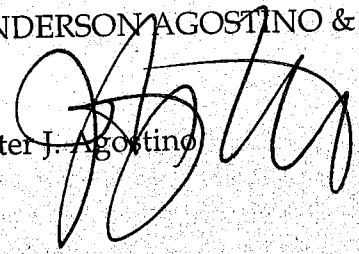
Please be advised I represent the St. Joseph County Jail, St. Joseph County Sheriff's Department and the St. Joseph County Board of Commissioners. I am in receipt of your tort claim notice served upon the Sheriff's Department and County Jail. I am in the process of investigating this matter and need to review your medical records associated with your claim. Enclosed are authorizations for your signature directed to Beacon Health Ventures, who provides medical services to the St. Joseph County Jail, as well as Memorial Hospital of South Bend. I would appreciate your signing and returning the authorizations to me in the return envelope I have also enclosed for your convenience. Once I have had an opportunity to review your medical records, I will be in a position to respond to your tort claim notice.

Thank you.

Sincerely yours,

ANDERSON AGOSTINO & KELLER, P.C.

Peter J. Agostino



PJA/clt
Enclosures

Anderson • Agostino & Keller, P.C.

Jeremy Huffman, Sr. (#127265)
c/o Elkhart County Corrections Center
January 8, 2018
Page Two

treatment after your MRI on December 19, 2016, and biopsy on February 7, 2017, there is nothing in the records that shows that any doctor reported an emergency situation until March 12, 2017, when Dr. Hall ordered that you be taken to the ER on an emergency basis. On that day, the jail staff transferred you to the ER, where you received additional treatment including surgery with Dr. Ratigan. When you returned to the jail on April 14, 2017, the records show you received treatment on nearly a daily basis until you left the St. Joseph County Jail on August 25, 2017.

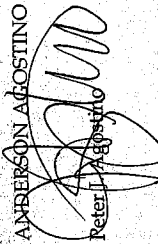
I have provided you the above summary so that you understand the dates and actions that I have based my opinion on. You may be interested to know that the Seventh Circuit has held that non-medical officials cannot be held liable for reasonably relying on the medical judgment of professionals. *Schlatter v. Fries*, 2013 U.S. Dist. LEXIS 91056, *34, n.5. It is this holding that I believe supports my opinion that the non-medical jail staff at the St. Joseph County Jail are not liable for your injury. The jail staff informed medical staff of any complaints you had made, and relied upon the medical staff to inform them if you needed to be transferred out of the jail for any additional treatment. The medical staff (nurses and doctors) you and other inmates see within the St. Joseph County Jail are not employees of the County; but of Beacon Medical, which is under contract to provide medical services to inmates of the County Jail.

This opinion solely relates to any claims you are asserting against St. Joseph County and its jail staff. This letter expresses no opinion on whether you have a case against others, including the U.S. Marshal's Services, whom we do not represent.

Thank you.

Sincerely yours,

ANDERSON AGOSTINO & KELLER, P.C.


Peter J. Agostino

Bernard E. Edwards, Jr.
Loris P. Zappia
Mark F. James
Bradley P. Colborn
Tracy S. Schafer
Jonathan A. Watson*
Stephanie L. Nemeth*
El A. Wax
* Also Licensed in IL
* Also Licensed in MI



Edward W. Hardig
Michael J. Anderson
Peter J. Agostino
Scott M. Keller
Michael P. Misch**

Frank J. Agostino, of Counsel
James E. Burke, of Counsel
Gaylen W. Allsop, Retired

January 8, 2018

Jeremy Huffman, Sr. (#127265)
c/o Elkhart County Corrections Center
26861 CR 26
Elkhart, IN 46517

Re: Tort Claim Notice

Dear Mr. Huffman:

Thank you for providing me with the authorization so I could review your medical records while you were at the St. Joseph County Jail and at Memorial Hospital. I have reviewed the records, as well as the St. Joseph County Jail's records, and it is my opinion that St. Joseph County is not liable for the injury you suffered. From your Notice of Tort Claim, it appears your complaint is that you did not get taken to the hospital and receive adequate care for the cyst on your elbow within a timely manner.

Based on the jail and medical records, it appears that you were booked into the County Jail on July 15, 2016, by the U.S. Marshal's Service. This is important to note, because, although you were physically present in the County Jail, the County does not have absolute authority over you and your care. Instead, certain medical treatment must be approved by the U.S. Marshal's Service, specifically treatment that requires you to be removed from the jail. However, if the medical treatment is deemed emergent, then the jail staff has the authority to see that you receive the care even if it means you are taken out of the jail.

The records show that the first time you complained about your elbow was on October 20, 2016, and you were placed on the list to see the doctor for the next day, October 21, 2016. While although the records indicate additional times when you saw the doctor within the jail, or made complaints to the medical staff about not receiving further

Anderson • Agostino & Keller, P.C.

131 S. Taylor Street South Bend, IN 46601 574.288.1510 office 574.288.1650 fax www.aaklaw.com



U.S. Department of Justice

United States Marshals Service

Office of General Counsel

Washington, DC 20530-0001

DEC - 6 2018

CERTIFIED MAIL # 7008 0150 0002 9393 4230

Jeremy Huffman, Reg. #16508-027

USP McCreary

U.S. Penitentiary

P.O. Box 3000

Pine Knot, KY 42635

Re: Administrative Tort Claim No. OGC 51516

Dear Mr. Huffman:

This responds to the above-referenced administrative tort claim received by the United States Marshals Service (USMS) on July 18, 2018, in the amount of \$10,000,000.00. You claim that on September 1, 2016 forward, you suffered injuries due to the lack of medical care, vision care, and dental care, while being housed at St. Joseph County Jail (SJCL), South Bend, Indiana.

The applicable provisions of the Federal Tort Claims Act [28 U.S.C. §§ 1346(b), 2401(b), 2671, et seq.] provide for the payment of claims which arise from the negligent or wrongful act or omission of an employee of the Federal Government while acting within the scope of his or her employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred.

Our review of the circumstances and the applicable law revealed no negligence on behalf of any USMS employee. Your allegations arise from the conditions of confinement while housed at a contract facility. The USMS entered into an Intergovernmental Agreement with SJCL, to temporarily house federal detainees. In this regard, the daily safekeeping responsibility for federal prisoners housed at a local contract jail rests with the jail. The independent contractor is the appropriate party to whom you should address your claim for damage allegedly caused by its employee. The United States is not liable under the Federal Tort Claims Act for acts or omissions of independent contractors. See 28 U.S.C. § 2671 and *Logue v. United States*, 412 U.S. 521 (1973).

Moreover, to the extent that you allegation refer to specific actions, our investigation reveals that all requests for necessary outside medical care made by the SJCL were promptly reviewed and approved by the USMS.

Accordingly, your administrative tort claim against the United States in the amount of \$10,000,000.00 is denied. If you are dissatisfied with our determination, suit may be filed in the appropriate U.S. District Court no later than six months after the date of the mailing of this denial. See 28 U.S.C. § 2401(b).

Sincerely,

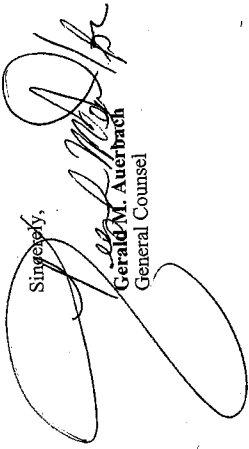

Gerald M. Auerbach
General Counsel

Exhibit 28



**SOUTH BEND
ORTHOPAEDICS**

53880 Carmichael Drive • South Bend, IN 46635
60160 Bodnar Boulevard • Mishawaka, IN 46544
Phone: 574.247.9441 • Fax: 574.247.9442
www.sbirtho.com

Date: 05/25/2017

RE: Jeremy Huffman, DOB: 08/06/1985, PT ID #653206

Discontinue wound vac. Granulation tissue treated with silver nitrate. Will attempt healing by secondary intention. Fluid culture sent. Will transition to wet to dry dressing.
Dressing changes 2-3 times a day: wet to dry with moist gauze, ABD pad, wrap with kerlix and ACE wrap.
Okay to shower, wet with soap directly to wound after water.

Sincerely,

Electronically Signed by: SAM M FULLER MD

2-weeks for follow-up appt.